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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 500 South Building Check if different than previously DC 20004 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robert Borchardt Type or Print Name of Treasurer Electronically Filed by Robert Borchardt 0 1 3 1 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	eport Covering the Period: From:	01 2007	To: 12 31 2007
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
ŝ.	(a) Cash on Hand  January 1 Ž007 Y Y		149741.74
	(b) Cash on Hand at Begining of Reporting Period	176905.52	
	(c) Total Receipts (from Line 19)	99804.37	284135.60
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	276709.89	433877.34
7.	Total Disbursements (from Line 31)	109220.13	266387.58
3.	Cash on Hand at Close of Reporting Period	· · · · · · · · · · · · · · · · · · ·	
	(subtract Line 7 from Line 6(d))	167489.76	167489.76
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

From:

Report Covering the Period:

м м 0 7 01

<sup>Y</sup> 2 0 0 7

M M 1 2

<sup>D</sup> 3 1

<sup>Y</sup> 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	80824.78	173004.17
	(ii) Unitemized	5979.59	14131.43
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	86804.37	187135.60
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	13000.00	97000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	99804.37	284135.60
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
0	All Loans Received	0.00	0.00
ა.	All Loans Received		
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6.	Refunds of Contributions Made		
	to Federal candidates and Other	0.00	0.00
	Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	2.22	2.22
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d),	00004.07	004405.00
	12, 13, 14, 15, 16, 17, and 18(c))	99804.37	284135.60
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	99804.37	284135.60

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	928.59	1366.04
Expenditures(c) Total Operating Expenditures	020.00	1000.01
(add 21(a)(i), (a)(ii) and (b))	928.59	1366.04
. Transfers to Affiliated/Other Party  Committees	0.00	0.00
Contributions to Federal Candidates/Committees	40750000	00500000
and Other Political Committees	107500.00	265000.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	791.54	791.54
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	0.00	3.50
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	791.54	791.54
(add Lines 20(a), (b), and (c))		
Other Disbursements	0.00	-770.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	109220.13	266387.58
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	100000 10	000007.50
from Line 31)	109220.13	266387.58

### **DETAILED SUMMARY PAGE**

Page 5

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	99804.37	284135.60
34.	Total Contribution Refunds (from Line 28(d))	791.54	791.54
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	99012.83	283344.06
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	928.59	1366.04
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	928.59	1366.04

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Americas Health Insurance Plans PAC	(AHIP PAC)			
Full Name (Last, First, Middle Initial)  Al Annexstad		Date of Receipt		
Mailing Address 121 East Park Square P.O. Box 328		09 07 4 2007		
City Owatonna	State Zip Code MN 55060-3046	Transaction ID: 01b89c2580db64068c <sup>-</sup> Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Federated Insurance Compa- nies Receipt For:  Primary General Other (specify) ▼	Occupation Chairman of the Board, President & C Aggregate Year-to-Date ▼ 500.00	之EO 		
Full Name (Last, First, Middle Initial) James Balda	Date of Receipt			
Mailing Address 601 Pennsylvania Ave South Building, Suite 5	07 13 7 2007			
City	City State Zip Code Washington DC 20004-2601			
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 41.67		
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff Aggregate Year-to-Date ▼	_		
Primary General Other (specify) ▼	1187.55			
Full Name (Last, First, Middle Initial) James Balda		Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Building, Suite 5		07 31 7 2007		
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070726-1		
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 41.67		
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1187.55			
SUBTOTAL of Receipts This Page (optional)		583.34		
TOTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 11	
or for commercial purposes, othe	than using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
1	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (AHIP PAC)			
Full Name (Last, First, Middle James Balda	,		Date of Receipt	
Mailing Address 601 Penn South Bu	08 15 2007			
City	State	Zip Code	<b>Transaction ID:</b> 20070815-1	
Washington  FEC ID number of contributing federal political committee.	DC C	20004-2601	Amount of Each Receipt this Period 41.67	
Name of Employer America's Health Insurance Plans	Occupation AHIPSta			
Receipt For:  Primary Gener  Other (specify) ▼		e Year-to-Date ▼ 1187.55		
James Balda	Full Name (Last, First, Middle Initial) James Balda			
South Bu	South Building, Suite 500			
City Washington	State DC	Transaction ID: 20070829-1		
FEC ID number of contributing federal political committee.		20004-2601	Amount of Each Receipt this Period 62.50	
Name of Employer America's Health Insurance Plans	Occupation AHIPSta			
Receipt For:  Primary Gener  Other (specify) ▼		e Year-to-Date ▼ 1187.55		
Full Name (Last, First, Middle James Balda	Initial)		Date of Receipt	
South Bu	Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500			
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070917-1  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		2000+2001	62.50	
Name of Employer America's Health Insurance Plans	Occupation AHIPSta			
Receipt For:  Primary Gener  Other (specify) ▼		e Year-to-Date ▼ 1187.55		
CURTOTAL of Descints This D	age (optional)		166.67	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 206 (check only one)    X
or 1	y information copied from such Reports and for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	<b>(</b> )	
١.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite	09 30 2007		
	City	State	Zip Code	Transaction ID: 20070928_1_15_22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation AHIPState		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1187.55	
 3.	Full Name (Last, First, Middle Initial) James Balda	Date of Receipt		
	Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: 20071011-1		
	Washington F50 ID and the street of a satisfaction	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation AHIPState		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		1187.55	
 :.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite	500		10 31 7 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-1
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance	Occupation AHIPSta		
	Plans Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) ▼	33 131	1187.55	
				187.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 206 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania A			Date of Receipt
South Building, Suit City Washington FEC ID number of contributing	State DC	Zip Code 20004-2601	Transaction ID: 20071114-1  Amount of Each Receipt this Period
federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify)	Occupation AHIPStat Aggregate		62.50
Full Name (Last, First, Middle Initial) James Balda  Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500  City State Zip Code  Washington DC 20004-2601			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	Occupation AHIPState Aggregate		62.50
Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500			Date of Receipt  1 2 1 5 2 0 0 7
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004-2601	Transaction ID: 20071214-1  Amount of Each Receipt this Period  62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaf Aggregate		
SUBTOTAL of Receipts This Page (optional	]  )		187.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 206 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any persele name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Balda  Mailing Address 601 Pennsylvania Aveo South Building, Suite City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	e NW	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Carmella Bocchino  Mailing Address 601 Pennsylvania Ave South Bldg Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  4999.92	Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carmella Bocchino  Mailing Address 601 Pennsylvania Avecate South Bldg Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  4999.92	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 3 1 2 0 0 7  Transaction ID: 20070726-2  Amount of Each Receipt this Period  208.33
SUBTOTAL of Receipts This Page (optional)		479.16

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAGE Full Name (Last, First, Middle Initial)  Carmella Bocchino  Mailing Address 601 Pennsylvania Avec South Bldg Ste 500  City  Washington	· · ·	Date of Receipt  M M M D D D Y 2 0 0 7  Transaction ID: 20070815-2  Amount of Each Receipt this Period
Carmella Bocchino  Mailing Address 601 Pennsylvania Ave South Bldg Ste 500  City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
wasnington	DC 20004-2601	
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   4999.92	
Full Name (Last, First, Middle Initial) Carmella Bocchino  Mailing Address 601 Pennsylvania Ave	» NW	Date of Receipt
South Bldg Ste 500 City	08 31 2007	
Washington	Transaction ID: 20070829-2	
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg Ste 500		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-2
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period  208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
SUBTOTAL of Receipts This Page (optional) .		624.99

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 206 (check only one)    X
Any int	formation copied from such Reports and Si commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nericas Health Insurance Plans PAC	(AHIP PAC	3)	
	l Name (Last, First, Middle Initial) rmella Bocchino			Date of Receipt
Mai	iling Address 601 Pennsylvania Ave South Bldg Ste 500	09 30 2007		
City	,	State	Zip Code	Transaction ID: 20070928_2_15_22
FE	ashington C ID number of contributing eral political committee.	C	20004-2601	Amount of Each Receipt this Period  208.33
Nar Am	me of Employer nerica's Health Insurance	Occupation		
<u>Pla</u> Red	ceipt For: Primary General		e Year-to-Date ▼ 4999.92	1
	Other (specify)   Name (Last, First, Middle Initial)  Thella Bocchino	0 0		Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Transaction ID: 20071011-2		
FE	ashington  C ID number of contributing eral political committee.	C	20004-2601	Amount of Each Receipt this Period  208.33
Nar Am Pla	me of Employer lerica's Health Insurance Ins	Occupation AHIPState		
Rec	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4999.92	
	Name (Last, First, Middle Initial)			Date of Receipt
	iling Address 601 Pennsylvania Ave South Bldg Ste 500			10 31 7 9 9 9
City	/ ashington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-2  Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	20004-2001	208.33
Nar Am <u>Pla</u>	me of Employer nerica's Health Insurance ns	Occupation AHIPSta		
	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92	
CURT	OTAL of Receipts This Page (optional)	ı		624.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 206 (check only one)    X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500			1 1 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 20071114-2
	Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  208.33
	Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaf		
	Primary General Other (specify) ▼	Aggregate	4999.92	
— 3.	Full Name (Last, First, Middle Initial) Carmella Bocchino	Date of Receipt		
	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	1 1 3 0 2 0 0 7		
	City	Transaction ID: 20071201-2		
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92	
 ;.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	e NW		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071214-2  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.92	
S	UBTOTAL of Receipts This Page (optional)	1		624.99

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 206 (check only one)    X
or for comn	nercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	DF COMMITTEE (In Full) cas Health Insurance Plans PAC	(AHIP PAC	0)	
	ne (Last, First, Middle Initial) a Bocchino			Date of Receipt
Mailing .	Address 601 Pennsylvania Ave South Bldg Ste 500	NW		12 31 7 2007
City		State	Zip Code	Transaction ID: 280128-2
	number of contributing political committee.	C	20004-2601	Amount of Each Receipt this Period  208.33
Name o America Plans	f Employer l's Health Insurance	Occupatio AHIPSta		
Receipt Pr	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.92	
Robert E	ne (Last, First, Middle Initial) sorchardt			Date of Receipt
Mailing .	Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		07 / 13 / 2007
City		State	Zip Code	Transaction ID: 20070715-3
	number of contributing political committee.	C	20004-2601	Amount of Each Receipt this Period  25.00
Name o America Plans	f Employer 's Health Insurance	Occupation AHIPSta		
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	ne (Last, First, Middle Initial) Borchardt			Date of Receipt
Mailing .	Address 601 Pennsylvania Ave South Bldg, Ste 500			07 31 2007
City <b>W</b> ashi	naton	State DC	Zip Code 20004-2601	Transaction ID: 20070726-3  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	20004 2001	25.00
<u>Plans</u>	f Employer 's Health Insurance	Occupation AHIPSta		
	For: imary General ther (specify) ♥	Aggregate	e Year-to-Date ▼ 600.00	
SURTOT	<b>NL</b> of Receipts This Page (optional)			258.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 206   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	g a a	arooo or arry pointed committee to	
Americas Health Insurance Plans I	PAC (AHIP PAC	<del>;</del> )	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania 601 South Bldg, Ste 50			08 15 2007
City	State	Zip Code	Transaction ID: 20070815-3
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  25.00
Name of Employer America's Health Insurance	Occupation		
Plans Receipt For:  Primary General  Other (specify) ▼	AHIPSta: Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50	0		08 / 000 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State DC	Zip Code	Transaction ID: 20070829-3
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50	Ave NW 0		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070917-3
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPSta	ff	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
SUBTOTAL of Receipts This Page (options	al)		75.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purpose  NAME OF COMMITTE	s, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Robert Borchardt		<u> </u>	Date of Receipt
	th Bldg, Ste 500 State DC	Zip Code 20004-2601	0 9 3 0 2 0 0 7  Transaction ID: 20070928_3_15_22  Amount of Each Receipt this Period
FEC ID number of confederal political commit	ributing	1 1 1 1 1	25.00
Name of Employer America's Health Insur Plans Receipt For: Primary Other (specify)	AHIPSta Aggregati		
	Pennsylvania Ave NW		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	th Bldg, Ste 500 State	Zip Code	Transaction ID: 20071011-3
Washington FEC ID number of confederal political commit		20004-2601	Amount of Each Receipt this Period  25.00
Name of Employer America's Health Insur Plans	Occupati AHIPSta		
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 600.00	]
Full Name (Last, First, Robert Borchardt	Middle Initial)		Date of Receipt
	Pennsylvania Ave NW th Bldg, Ste 500		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20071102-3  Amount of Each Receipt this Period
FEC ID number of control federal political commit	ributing		25.00
Name of Employer America's Health Insur Plans	AHIPSI	aff	
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts	This Page (optional)		75.00
TOTAL This Period (last	page this line number only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 17/206   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		aroos or any pontion committee to	
Americas Health Insurance Plans P	AC (AHIP PAC	<del>;</del> )	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			11 15 2007
City	State DC	Zip Code	Transaction ID: 20071114-3
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			11 30 7 9 9 9
City	State	Zip Code	Transaction ID: 20071201-3
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW		12 15 YYYY 12 15 2007
City	State	Zip Code	Transaction ID: 20071214-3
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPSta	ff	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
			75.00

Mailing Address 120 Monument Cir  City Indianapolis IN 46204-4906  FEC ID number of contributing federal political committee.  Name of Employer WellPoint, Inc.  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial)  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	ITEN Any inf	EDULE A (FEC Form 3X)  MIZED RECEIPTS  formation copied from such Reports and Sta	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 18 / 206 (check only one)    X
A. Robert Borchardt  Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Pulmar  Pulmar  Other (specify) ▼  Amount of Each Receipt this Period  C  C  C  C  C  C  C  C  C  C  C  C  C	NA	ME OF COMMITTEE (In Full)			solicit contributions from such committee.
South Bidg. Ste 500 City Washington DC 20004-2601 FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Other (specify) ▼ Maling Address 120 Monument Cir  City Maling Address 120 Monument Cir  City Maling Address 120 Monument Cir  City State Zip Code Indianapolis IN 46204-4906 FEC ID number of contributing federal political committee.  Name of Employer WellPoint, Inic.  City Maling Address Coupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  Date of Receipt Impact Impac		,			Date of Receipt
City Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer Americas Health Insurance Plans Receipt For:    Primary   General   C   C   C     Primary   General   C   C   C   C   C   C     Primary   General   C   C   C   C   C     Primary   Gen	Mai		1W		
FEC ID number of contributing tederal political committee.  Name of Employer America's Heath insurance AHIPStaff Plans Receipt For:	-	1		•	
Plans   AHIP-Staff   Receipt For:	FE	C ID number of contributing		20004-2601	
Primary General Other (specify) ▼ 600.00  Full Name (Last, First, Middle Initial) Angela Braly Mailing Address 120 Monument Cir  City State Zip Code Indianapolis IN 46204-4906 FEC ID number of contributing federal political committee.  Name of Employer WellPoint, Inc.  Receipt For: Primary General Other (specify) ▼ 2000.00  City State Zip Code Anount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 0baae382e71b0aeac Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 2000.00  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 2007.00  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 2007.00  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: 20071102-4  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Primary General Other (specify) ▼ 250.08	<u>Pla</u>	ns			
Angela Braiy  Mailing Address 120 Monument Cir  City  State Zip Code Indianapolis  IN 46204-4906  FEC ID number of contributing federal political committee.  Name of Employer Well-Primary General Other (specify) ▼  South Bidg, Ste 500  City  Name of Employer  Washington  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: 0baae382e71b0aeac  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  2000.00  Date of Receipt  Transaction ID: 0baae382e71b0aeac  Amount of Each Receipt this Period  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Red	Primary General	Aggregate		
City State Zip Code Indianapolis IN 46204-4906  FEC ID number of contributing federal political committee.  Name of Employer WellPoint, Inc.  Receipt For: Primary General Other (specify) ▼ 2000.00  City State Zip Code Amount of Each Receipt this Period  Pull Name (Last, First, Middle Initial)  Todd Breach  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Healfth Insurance Plans Receipt For: Primary General Occupation AHIPStaff  Aggregate Year-to-Date ▼  10.8 11 200.7  Transaction ID: 0baae382e71b0aeac Amount of Each Receipt this Period  Date of Receipt  M M M / D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					Date of Receipt
Indianapolis  IN 46204-4906  FEC ID number of contributing federal political committee.    Name of Employer WellPoint, Inc.   CEO	Mai	ling Address 120 Monument Cir			
FEC ID number of contributing federal political committee.  Name of Employer WellPoint, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Todd Breach Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Occupation AHIPStaff Aggregate Year-to-Date ▼  10.42	•			•	Transaction ID: 0baae382e71b0aeace3
Receipt For:    Primary	FE	C ID number of contributing		46204-4906	
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Todd Breach Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Paggregate Year-to-Date ▼  Paggregate Year-to-Date ▼  Primary General Other (specify) ▼	Nar We	me of Employer ellPoint, Inc.		n	
Todd Breach  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M	Rec	Primary General	Aggregate	1 1 1 1 1 1 1	
South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼  State Zip Code  Transaction ID: 20071102-4  Amount of Each Receipt this Period  10.42  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  250.08		,			Date of Receipt
City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Healfh Insurance Plans  Receipt For:  Primary General Other (specify) ▼  State Zip Code DC 20004-2601  Amount of Each Receipt this Period  10.42  Amount of Each Receipt this Period  Amount of Each Receipt this Period  250.08	Mai	o con comby vama / wo r	١W		
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)   Aggregate Year-to-Date   250.08	-	/		·	
Name of Employer America's Health Insurance Plans Receipt For:  Primary Other (specify) ▼  Occupation AHIPStaff  Aggregate Year-to-Date  250.08		•		20004-2601	Amount of Each Receipt this Period
Plans Receipt For:	fed	eral political committee.	C		10.42
Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  250.08					
Other (specify) ▼ 250.08		ceipt For:	Aggregate	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		_		250.08	
	SURT	OTAL of Receipts This Page (optional)			2035.42

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P.	d Statements may not be sold or used by any personant the name and address of any political committee to AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Todd Breach Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	State Zip Code DC 20004-2601  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plans Receipt For:  Primary General  Other (specify) ▼	AHIPStaff  Aggregate Year-to-Date ▼  250.08	
Full Name (Last, First, Middle Initial) Todd Breach  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 20071201-4  Amount of Each Receipt this Period  10.42
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	
Full Name (Last, First, Middle Initial) Todd Breach  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071214-4  Amount of Each Receipt this Period  10.42
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	
SUBTOTAL of Receipts This Page (optional	)	31.26

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 206 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd Breach Mailing Address 601 Pennsylvania Av South Bldg, Ste 500 City Washington FEC ID number of contributing	e NW  State Zip Code DC 20004-2601	Date of Receipt    M M
Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	]
Full Name (Last, First, Middle Initial) Dianne Bricker  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City	e Nw State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General	DC 20004-2601  C Occupation AHIPStaff  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  Dianne Bricker  Mailing Address 601 Pennsylvania Av	e Nw	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070917-5  Amount of Each Receipt this Period  41.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  541.71	
SUBTOTAL of Receipts This Page (optional)		93.76

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 206 (check only one)  X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Americas Health Insurance Plans P.  Full Name (Last, First, Middle Initial)	AC (AHIP PAC)	
Dianne Bricker  Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve Nw	Date of Receipt  0 9 3 0 2 0 0 7
City Washington	State         Zip Code           DC         20004-2601	Transaction ID: 20070928_5_15_22  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  541.71	
Full Name (Last, First, Middle Initial)  Dianne Bricker  Mailing Address 601 Pennsylvania A  South Bldg, Ste 500	ve Nw	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071011-5
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	
Full Name (Last, First, Middle Initial) Dianne Bricker	- I	Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		10 31 7 2007
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 20071102-5  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	
SUBTOTAL of Receipts This Page (optional	1	125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any persone name and address of any political committee to C (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dianne Bricker  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:	e Nw  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dianne Bricker  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   541.71	Transaction ID: 20071201-5  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Av. South Bldg, Ste 500 City Washington	e Nw  State Zip Code DC 20004-2601	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff Aggregate Year-to-Date   541.71	41.67
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page  d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 23 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dianne Bricker  Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Elizabeth Brooks  Mailing Address 601 Pennsylvania A  South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	ave NW	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20071102-6  Amount of Each Receipt this Period  10.42
Full Name (Last, First, Middle Initial)  Elizabeth Brooks  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	62.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Elizabeth Brooks  Mailing Address 601 Pennsylvania Ave	NIM.	Date of Receipt
South Bldg, Ste 500	2 1444	11 30 2007
City	State Zip Code	Transaction ID: 20071201-6
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	
Full Name (Last, First, Middle Initial) Elizabeth Brooks		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	1 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071214-6
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	
Full Name (Last, First, Middle Initial) Elizabeth Brooks		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	12 31 7 2007
City	State Zip Code	Transaction ID: 280128-6
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.08	
SUBTOTAL of Receipts This Page (optional) .		31.26
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 206 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	the name and add	lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francie Burkhart  Mailing Address 601 Pennsylvania A South Bldg, Ste 500			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070715-7  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaf Aggregate		
Full Name (Last, First, Middle Initial) Francie Burkhart  Mailing Address 601 Pennsylvania A South Bldg, Ste 500			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070726-7
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaf Aggregate		
Full Name (Last, First, Middle Initial) Francie Burkhart	A NIVA/		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			08 15 2007
City Washington	State DC	Zip Code	Transaction ID: 20070815-7
FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf	f	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2374.95	
SUBTOTAL of Receipts This Page (optional	al)		249.99

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 26 / 206 (check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)		·	
Americas Health Insurance Plans PA	C (AHIP PAC	<b>(</b> )	
Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		08 31 2007
City	State	Zip Code	Transaction ID: 20070829-7
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance	Occupation AHIPState		
<u>Plans</u> Receipt For:		e Year-to-Date ▼	
Primary General	Ayyreyale		1
Other (specify) ▼		2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070917-7
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPState		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		09 30 7 2007
City	State	Zip Code	Transaction ID: 20070928_7_15_22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPState		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		2374.95	]

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 27/206   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20071011-7  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart	l .		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50			10 31 7 9 9 9
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20071102-7  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071114-7  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat	ff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2374.95	
SUBTOTAL of Receipts This Page (option	al)		375.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 206 (check only one)    X
or for commercial purposes, oth  NAME OF COMMITTEE (In	er than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
South B	nsylvania Ave NW ldg, Ste 500		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071201-7
Washington  FEC ID number of contributi federal political committee.	ng DC	20004-2601	Amount of Each Receipt this Period  125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Gen Other (specify) ▼			
	ınsylvania Ave NW		Date of Receipt  1 2 1 5 2 0 0 7
City	ldg, Ste 500 State	Zip Code	Transaction ID: 20071214-7
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.		1 1 1 1 1 1	125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 2374.95	
Full Name (Last, First, Middl Francie Burkhart	le Initial)		Date of Receipt
South B	nnsylvania Ave NW ldg, Ste 500	7: 0.4.	12 31 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-7  Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.		2000+2001	125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPSta	aff	
Receipt For:  Primary Gen  Other (specify) ▼		e Year-to-Date ▼ 2374.95	
SUBTOTAL of Receipts This	Page (optional)		375.00

Any information co	poied from such Reports and Sta	Itements may	Use separate schedule(s) for each category of the Detailed Summary Page	13 14 1	PAGE 29 / 206  11c
or for commercial  NAME OF CO	purposes, other than using the n MMITTEE (In Full) ealth Insurance Plans PAC (	ame and add	lress of any political committee to	solicit contributions from su	ch committee.
Full Name (Las Winthrop Casho	st, First, Middle Initial) dollar			Date of Receipt	
Mailing Addres	s 601 Pennsylvania Ave N South Bldg, Ste 500	1W		0 8 0 8	2007
City	South Blag, Sto Sou	State	Zip Code	Transaction ID: b3f7	7f80c0dfb97a3f80
Washington		DC	20004-2601	Amount of Each Rece	eipt this Period
FEC ID numbe federal political	er of contributing committee.	C			1500.00
Name of Emplo America's Hea Plans	oyer Ith Insurance	Occupation AHIPStaf			
Receipt For:		Aggregate	Year-to-Date ▼		
Primary Other (sp	☐ General pecify) ▼		1625.00		
Full Name (Las	st, First, Middle Initial)			Date of Receipt	
Mailing Addres	s 1901 Market St			M M / D D / 15	2007
City		State	Zip Code	Transaction ID: c3c	76e8eb58b87365c5
<u>Philadelphia</u>		PA	19103-1475	Amount of Each Rece	eipt this Period
FEC ID numbe federal political	er of contributing committee.	C			250.00
Name of Emplo Independence	oyer Blue Cross	Occupation CEO	1		
Receipt For: Primary Other (sp	General pecify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Las	st, First, Middle Initial)			Date of Receipt	
Mailing Addres	s 1276 N Wayne St #1223			0 7 D D 7	2007
City		State	Zip Code	Transaction ID: 200	
Arlington	and analytication	VA	22201-5857	Amount of Each Rece	
federal political	er of contributing committee.	C			62.50
Name of Emplo America's Hea Plans	over Ith Insurance	Occupation AHIPStaf	f		
Receipt For: Primary	Gonoral	Aggregate	Year-to-Date ▼	,	
Other (sp	☐ General pecify) ▼		1687.47		
SUPTOTAL ~ D	eceipts This Page (optional)				1812.50
SUBTUTAL OF R	eccipis This rage (optional)				* * * * *

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 30 / 206 (check only one)    X
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAGE	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General	State Zip Code VA 22201-5857  C  Occupation AHIPStaff Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y  Transaction ID: 20070726-9  Amount of Each Receipt this Period  62.50
Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code VA 22201-5857  C  Occupation AHIPStaff  Aggregate Year-to-Date   1687.47	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	State Zip Code VA 22201-5857  C  Occupation AHIPStaff  Aggregate Year-to-Date ▼  1687.47	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		208.33

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Youne Chanarry Mailing Address 1276 N Wayne St #1223 City State Zip Code Arrington VA 22201-5857 FEC ID number of contributing federal political committee.  C 22201-5857 FULL Name (Last, First, Middle Initial) Youne Chanarry Mailing Address 1276 N Wayne St #1223 City Arrington Primary General Other (specify) ▼ 1687.47  Date of Receipt  Date of Receipt  Transaction ID: 20070917-9 Amount of Each Receipt this Period  #1223 City State Zip Code Arrington VA 22201-5857  FEC ID number of contributing federal political committee.  C 19	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial)  Venne Chanarity  Mailing Address 1276 N Wayne St #1223  City  State  Zip Code  Artinioton  VA 22201-5857  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Pinnam  Pinnam  Other (specify) ▼  All Name of Employer  Artinioton  VA 22201-5857  Amount of Each Receipt this Period  Asgregate Year-to-Date ▼  Primary General  Other (specify) ▼  Date of Receipt  Transaction ID: 20070917-9  Amount of Each Receipt this Period  Asgregate Year-to-Date ▼  Date of Receipt  Pinnam  Date of Receipt  Asgregate Year-to-Date ▼  Date of Receipt  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Date of Receipt  Asgregate Year-to-Date ▼  Pinnam  Date of Receipt  Date of Receipt  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Date of Receipt  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Date of Receipt  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Date of Receipt  Transaction ID: 20070928-9-15-24  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Date of Receipt  Transaction ID: 20070928-9-15-24  Transaction ID: 20070928-9-15-24  Amount of Each Receipt in Period  Date of Receipt  Transaction ID: 20071011-9  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Date of Receipt  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Date of Receipt  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Transaction ID: 20071011-9  Transaction ID: 20071011-9  Transaction ID: 20071011-9  Amount of Each Receipt in Period  Transaction ID: 20071011-9  Tran	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  FEC ID number of contributing federal political committee.  C Cocupation AHIPStaff  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code  Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code  Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code  Arlington VA 22201-5857  Full Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Address 1276 N Wayne St #1223  City State Zip Code  Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  Full Name (Last, First, Middle Initial)  Yone Chanatry Mailing Address 1276 N Wayne St #1223  City Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Amount of Each Receipt this Period  Amount of Each Receipt thi	Americas Health Insurance Plans I	PAC (AHIP PAC)	
#1223 City Adriington VA 22201-5857 FEC ID number of contributing federal political committies.  Name of Employer America's Health insurance Plans Receipt For: Pull Name (Last, First, Middle Initial) Vyonne Chanatry Mailing Address 1276 N Wayne St #1223 Aligned of contributing federal political committee.  C Date of Receipt this Period  Date of Receipt    Date of Receipt	Yvonne Chanatry		<b>=</b>
Arlington  VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code Transaction ID: 2007/0928 9_15_22  Amount of Each Receipt this Period  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City State Zip Code Transaction ID: 2007/1011-9  Arlington  Date of Receipt  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Name of Employer America's Health Insurance Plans Receipt Transaction ID: 2007/1011-9  Arlington  AlliPStaff  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼			
FEC ID number of contributing federal political committee.    Name of Employer Address 1 Health Insurance Plans Receipt For:		,	
Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer Americas Health Insurance Plans   Aggregate Year-to-Date   Name of Employer   Name	· · · · · · · · · · · · · · · · · · ·	VA 22201-5857	Amount of Each Receipt this Period
Pinas   Aggregate Year-to-Date   Primary   General   Aggregate Year-to-Date   Primary   General   Gener		C	83.33
Receipt For:		· '	
Primary   General Other (specify)   ▼			
Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer Arlington VA 22201-5857  FUIl Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code VA 22201-5857  Amount of Each Receipt His Period  Primary General Other (specify) ▼  Cucupation AHIPStaff  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City State Zip Code VA 22201-5857  City State Zip Code Arlington VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		1687.47	
City Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼  PEC ID number of contributing federal political committee.  C  C  C  C  C  C  C  C  C  C  C  C  C	Yvonne Chanatry		Date of Receipt
Arlington  VA 22201-5857  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City State Zip Code VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Occupation AHIPStaff  Amount of Each Receipt this Period  Transaction ID: 20071011-9  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City State Zip Code VA 22201-5857  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Occupation AHIPStaff  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Transaction ID: 20071011-9  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	City	State Zip Code	Transaction ID: 20070928_9_15_22
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Occupation AHIPStaff  C  C  State Zip Code V  Transaction ID: 20071011-9  Amount of Each Receipt this Period  AHIPStaff  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  1687.47	Arlington	VA 22201-5857	Amount of Each Receipt this Period
America's Health Insurance Plans Receipt For: Primary General Other (specify)  Aggregate Year-to-Date  Parimary General Other (specify)  Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)  Aggregate Year-to-Date  Aggregate Yea		C	83.33
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223  City State Zip Code VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  1687.47  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	America's Health Insurance	· '	
Tull Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Interview of Employer Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  1687.47  Date of Receipt  M M M / D D D / Y Y Y O Y Y 10 Y Y 10 Y Y Y Y Y Y Y Y Y Y Y Y Y		Aggregate Year-to-Date ▼	
Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City State Zip Code Arlington VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt Transaction ID: 20071011-9  Amount of Each Receipt this Period  83.33  Cc 83.33		1687.47	
#1223  City State Zip Code VA 22201-5857  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  1 0 15 20071011-9  Transaction ID: 20071011-9  Amount of Each Receipt this Period  83.33			Date of Receipt
Arlington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  83.33  Amount of Each Receipt this Period  83.33	5 127011 11 ay 110 01		
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1687.47	City	·	
Name of Employer America's Health Insurance Plans Receipt For:  Primary Other (specify) ▼  Occupation AHIPStaff Aggregate Year-to-Date  Aggregate Year-to-Date  1687.47		VA 22201-5857	Amount of Each Receipt this Period
Plans Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  1687.47		C	83.33
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1687.47		•	
Other (specify) ▼ 1687.47	Receipt For:		
SUBTOTAL of Receipts This Page (optional)		1687.47	
	SUBTOTAL of Receipts This Page (options	1)	249.99
TOTAL This Period (last page this line number only)		·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any personal name and address of any political committee to a (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne St #1223		Date of Receipt  10 31 2007
City Arlington FEC ID number of contributing	State Zip Code VA 22201-5857	Transaction ID: 20071102-9  Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   1687.47	]
Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223  City Arlington	State Zip Code VA 22201-5857	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date   1687.47	83.33
Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne St #1223		Date of Receipt  1 1 3 0 2 0 0 7
City Arlington  FEC ID number of contributing federal political committee.	State         Zip Code           VA         22201-5857	Transaction ID: 20071201-9  Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1687.47	
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	d Statements may not be sold or used by any pers	13 14 15 16 on for the purpose of soliciting contributions
	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Pa	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 1276 N Wayne St #1223		12 15 2007
City	State Zip Code	Transaction ID: 20071214-9
Arlington	VA 22201-5857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1687.47	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 1276 N Wayne St #1223		12 31 YYYYY 12007
City	State Zip Code	Transaction ID: 280128-9
Arlington	VA 22201-5857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1687.47	
Full Name (Last, First, Middle Initial) Teresa Chovan		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		09 18 2007
City	State Zip Code	Transaction ID: c5b14ef4cef7b8054
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (check only one)
	or for commercial purposes, other than using the	statements may not be sold or used by a e name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAG	C (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Lois Cornell		Date of Receipt
	Mailing Address 31 Farm Hill Rd	7: 0 1	12 28 2007
	City <u>Natick</u>	State Zip Code MA 01760-5552	Transaction ID: 72bb82d31c32f27181c  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Tufts Health Plan	Occupation Sr VP of HR, General Counsel	I, Sr. Comp
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500	.00
– В.	Full Name (Last, First, Middle Initial) Susan Coronel		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	10 22 7 2007
	City Washington	State Zip Code DC 20004-2601	Transaction ID: 50b196a1ec6ccdf90a0  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20004-2001	250.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250	.00
_ С.	Full Name (Last, First, Middle Initial) Cynthia Cromie		Date of Receipt
	Mailing Address 157 Lancaster St		08 07 7 2007
	City Albany	State Zip Code NY 12210-1903	Transaction ID: ba35bf0d45c5898d0db  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Retired	Occupation Retired	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500	.00
	SUBTOTAL of Receipts This Page (optional) .		1250.00
	TOTAL This Period (last page this line number		

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 206 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAGE	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Thomas Croswell		Date of Receipt
Mailing Address 40 Wyman Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	<b>Transaction ID:</b> 784052f8a2d144c82d
Lexington  FEC ID number of contributing	MA 02420-3236	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer Tufts Health Plan	Occupation Chief Operating Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	07 13 2007
City	State Zip Code	Transaction ID: 20070715-10
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.72	]
Full Name (Last, First, Middle Initial)		Date of Receipt
Ann Curry  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070726-10
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.72	]
		583.34
SUBTOTAL of Receipts This Page (optional) .	·······	- 300.04

# SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	d Statements may not be sold or used by any personal the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ann Curry Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ave NW	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070815-10
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date  666.72	
Full Name (Last, First, Middle Initial) Ann Curry Mailing Address 601 Pennsylvania A		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 500	State Zip Code	Transaction ID: 20070829-10
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Ann Curry		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City		09 30 20070000 10 15 00
Washington	DC 20004-2601	Transaction ID: 20070928_10_15_22  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional	l)	83.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sum	e schedule(s) gory of the	FOR LINE NUMBER: PAGE 37 / 206 (check only one)    X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or ue name and address of any polit	ised by any person fical committee to so	or the purpose of soliciting contributions licit contributions from such committee.
	Americas Health Insurance Plans PA	C (AHIP PAC)		
۱.	Full Name (Last, First, Middle Initial)  John Daddis  Mailing Address 756 Germantown Pik			Date of Receipt
	City	State Zip Code		1 0 1 5 2 0 0 7  Transaction ID: c6d31e1f38a25486b56
	Lafayette Hill	PA 19444-160	4	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Independence Blue Cross	Occupation SVP Operations		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00	
_	Full Name (Last, First, Middle Initial) Gregory Daphnis			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			07 13 7 2007
	City Washington	1	Transaction ID: 20070715-11  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	DC 20004-260		20.83
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	-499.92	
_	Full Name (Last, First, Middle Initial) Gregory Daphnis			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Washington	State Zip Code DC 20004-260	1	Transaction ID: 20070726-11  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date	-499.92	
	UBTOTAL of Receipts This Page (optional)	ı		291.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 206 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	d Statements may not be sold or used by any personante name and address of any political committee to AC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City	State Zip Code	Date of Receipt  0 7
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  62.50
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070726-12  Amount of Each Receipt this Period  62.50
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania A	ve NW	Date of Receipt
South Bldg, Ste 500 City Washington		0 8
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	
SUBTOTAL of Receipts This Page (optional	)	187.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 206 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	nd Statements may not be sold or used by any pers the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt  0 8 3 1 2 0 0 7
City Washington FEC ID number of contributing	State Zip Code DC 20004-2601	Transaction ID: 20070829-11  Amount of Each Receipt this Period  62.50
Receipt For:  Primary  Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	]
Full Name (Last, First, Middle Initial) Gregory Dean  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington		Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	Occupation AHIPStaff Aggregate Year-to-Date   1500.00	Amount of Each Receipt this Period 62.50
Full Name (Last, First, Middle Initial) Gregory Dean  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt  0 9 3 0 2 0 0 7
City  Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070928_11_15_22 Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	
SUBTOTAL of Receipts This Page (optional	l)	187.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	and Statements may not be sold or used by any person g the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania		Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 50 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071011-10  Amount of Each Receipt this Period  62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania South Bldg, Ste 50		Date of Receipt    M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania	Ave NW	Date of Receipt
South Bldg, Ste 50	O State Zip Code	1 1 1 5 2 0 0 7  Transaction ID: 20071114-10
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (option	al)	187.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 206 (check only one)    X
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		,	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071201-10  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004-2001	62.50
	Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupatio AHIPSta Aggregate		
3.	Full Name (Last, First, Middle Initial) Gregory Dean  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt  1 2 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 20071214-10
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupatio AHIPSta Aggregate	ff Year-to-Date ▼	
_	Other (specify)  Full Name (Last, First, Middle Initial)	0 0	1500.00	
	Gregory Dean  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt  1 2 3 1 2 0 0 7
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-10
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans	Occupatio AHIPSta	ff	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)			187.50

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 206 (check only one)    X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	<b>C</b> )	
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Mary Beth Donahue			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		08 08 2007
	City	State	Zip Code	Transaction ID: ccb0e30af4b07a9367a
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 5000.00
	Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
 3.	Full Name (Last, First, Middle Initial) Stephanie Dougherty			Date of Receipt
	Mailing Address 410 W Lombard S Apt 605			10 31 2007
	City	State	Zip Code	Transaction ID: 20071102-11
	Baltimore  FEC ID number of contributing federal political committee.	C	21201-1625	Amount of Each Receipt this Period
	Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.84	
_ ;.	Full Name (Last, First, Middle Initial) Stephanie Dougherty			Date of Receipt
	Mailing Address 410 W Lombard S Apt 605			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MD	Zip Code	Transaction ID: 20071114-11
	Baltimore  FEC ID number of contributing federal political committee.	C	21201-1625	Amount of Each Receipt this Period
	Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 249.84	
	SUBTOTAL of Receipts This Page (optional) .			5020.82

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stephanie Dougherty  Mailing Address 410 W Lombard S Apt 605 City	State	Zip Code	Date of Receipt    M   M   30   2007    Transaction ID: 20071201-11
Baltimore  FEC ID number of contributing federal political committee.	C	21201-1625	Amount of Each Receipt this Period  10.41
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupatio AHIPSta Aggregate		
Full Name (Last, First, Middle Initial) Stephanie Dougherty  Mailing Address 410 W Lombard S Apt 605  City Baltimore  FEC ID number of contributing federal political committee.	State MD	Zip Code 21201-1625	Date of Receipt    M M
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio AHIPSta Aggregate		
Full Name (Last, First, Middle Initial) Stephanie Dougherty  Mailing Address 410 W Lombard S Apt 605			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Baltimore  FEC ID number of contributing federal political committee.	State MD	Zip Code 21201-1625	Transaction ID: 280128-11  Amount of Each Receipt this Period  10.41
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupatio AHIPSta Aggregate		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	<b>)</b>	31.23

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 206 (check only one)    X
Any information copied from such Reports are for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any po the name and address of any political committe	erson for the purpose of soliciting contributions
Americas Health Insurance Plans F	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		07 13 7 9 9 9
City	State Zip Code	Transaction ID: 20070715-14
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1999.92	
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		07 31 7 2007
City	State Zip Code	Transaction ID: 20070726-14
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070815-13
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1999.92	
	I	249.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
(	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <b>\</b> .	Full Name (Last, First, Middle Initial) Jill Dowell  Mailing Address 601 Pennsylvania Ave	,		Date of Receipt
	South Bldg, Ste 500 City	State	Zip Code	0 8 3 1 2 0 0 7  Transaction ID: 20070829-13
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPSta Aggregate		
3.	Full Name (Last, First, Middle Initial) Jill Dowell  Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Bldg, Ste 500		7:a Cada	09 15 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070917-12  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1999.92	
_ ;_	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		09 30 7 2007
	City	State	Zip Code	Transaction ID: 20070928_13_15_22
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1999.92	
	SUBTOTAL of Receipts This Page (optional)			249.99
f	TOTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
Americas Health Insurance Plans F	PAC (AHIP PAC)	-	
Full Name (Last, First, Middle Initial)  Jill Dowell  Mailing Address 601 Pennsylvania A		Date of Receipt	
South Bldg, Ste 500		10 15 2007	
City	State Zip Code	Transaction ID: 20071011-12	
Washington	DC 20004-2601	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92		
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt	
South Bldg, Ste 500	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		
City	State Zip Code	Transaction ID: 20071102-12	
Washington	DC 20004-2601	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92		
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt	
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	)	1 1 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 20071114-12	
Washington	DC 20004-2601	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.33	
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1999.92		
SUBTOTAL of Receipts This Page (optional	1)	249.99	
TOTAL This Period (last page this line num			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 206 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania	Ave NW		Date of Receipt
South Bldg, Ste 50 City Washington	0 State DC	Zip Code 20004-2601	Transaction ID: 20071201-12  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPState Aggregate		
Full Name (Last, First, Middle Initial) Jill Dowell  Mailing Address 601 Pennsylvania A South Bldg, Ste 50			Date of Receipt    M
City	State	Zip Code	Transaction ID: 20071214-12
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPState Aggregate		
Full Name (Last, First, Middle Initial) Jill Dowell	A 1947		Date of Receipt
Mailing Address 601 Pennsylvania 601 South Bldg, Ste 50			12 31 7 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-12
FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStat	ff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	
SUBTOTAL of Receipts This Page (options	al)		249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Americas Health Insurance Plans F	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial)  Paul Eiting		Date of Receipt		
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		08 08 2007		
City	State Zip Code	Transaction ID: e428b8b25ecd307808b		
Washington	DC 20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial)  Joseph Frick		Date of Receipt		
Mailing Address 1901 Market St	Mailing Address 1901 Market St			
City	State Zip Code	Transaction ID: 235112d8c408f2889fc		
<u>Philadelphia</u>	PA 19103-1475	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2000.00		
Name of Employer Independence Blue Cross	Occupation CEO			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	2000.00			
Full Name (Last, First, Middle Initial)  C. Jeffrey Gabardi		Date of Receipt		
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		07 13 2007		
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070715-15		
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)	3000.00			
SUBTOTAL of Receipts This Page (optional	l)	2375.00		
	ber only)			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any pers le name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Jeffrey Gabardi  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  3000.00	Date of Receipt  0 7 3 1 2 0 0 7  Transaction ID: 20070726-15  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Jeffrey Gabardi  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Jeffrey Gabardi  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		375.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 206 (check only one)    X
Any information copied from such Repo or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  Americas Health Insurance Pla	ts and Statements may not be sold or used by any personsing the name and address of any political committee to the page (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylval South Bldg, Ste City Washington	nia Ave NW 500 State Zip Code DC 20004-2601	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	Occupation AHIPStaff Aggregate Year-to-Date  3000.00	125.00
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylval South Bldg, Ste City Washington FEC ID number of contributing	State         Zip Code           DC         20004-2601	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   3000.00	125.00
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylval South Bldg, Ste City Washington FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   3000.00	
SUBTOTAL of Receipts This Page (op	tional)	375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Bldg, Ste 500		10 31 2007
City	State Zip Code	Transaction ID: 20071102-13
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071114-13
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		1 1 3 0 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071201-13
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 206 (check only one)    X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	C (AHIP PAC	)	
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		7.0.1	12 15 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071214-13
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period  125.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf	f	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	
_ 3.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		12 / 31 / 2007
	City	State	Zip Code	Transaction ID: 280128-13
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	
_ ;.	Full Name (Last, First, Middle Initial) William Gedwed	<u> </u>		Date of Receipt
	Mailing Address 9151 Blvd 26			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: ae482c0cd4ec404298b
	North Richland Hil  FEC ID number of contributing federal political committee.	C	76180-5605	Amount of Each Receipt this Period 5000.00
	Name of Employer HealthMarkets	Occupation CEO	1	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 5000.00	
Γ		1		5250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) William Haggett Mailing Address 333 Elm Ave  City Haddonfield  FEC ID number of contributing federal political committee.  Name of Employer Independence Blue Cross  Receipt For: Primary General Other (specify)		Zip Code 08033-2537  n arketing Executive e Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Б.	Full Name (Last, First, Middle Initial) George Halvorson  Mailing Address One Kaiser Plaza 27th Fl  City Oakland  FEC ID number of contributing federal political committee.  Name of Employer Kaiser Foundation Health Plan, Inc. an  Receipt For: Primary General Other (specify)	State CA C Occupatio CEO Aggregate	Zip Code 94612-3610 In e Year-to-Date ▼ 2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) H. E. Hanway  Mailing Address One Liberty Place 1650 Market Street  City  Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer CIGNA Corp.  Receipt For: Primary General Other (specify)	State PA C Occupatio CEO Aggregate	Zip Code 19192-0001 n e Year-to-Date ▼ 2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 8f7799605baf1e64852  Amount of Each Receipt this Period  2000.00
	SUBTOTAL of Receipts This Page (optional)			4250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Frank Hayden  Mailing Address 8337 Audubon Street,	`	,	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Massillon	State OH	Zip Code 44646	Transaction ID: 530f18b73c3e971121a  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AultCare	Occupation Vice Pres		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Б.	Full Name (Last, First, Middle Initial) James Hilbert Mailing Address 10 Presidential Dr			Date of Receipt  1 2 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 44fd494fa2d51b26e9c
	Southborough  FEC ID number of contributing federal political committee.	C	01772-1100	Amount of Each Receipt this Period  500.00
	Name of Employer Tufts Health Plan	Occupation Senior V	n P and CFO	
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
- С.	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070715-18  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation AHIPState	ff	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
	SUBTOTAL of Receipts This Page (optional)			770.83
T	TOTAL This Period (last page this line number of	only)	•	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pure name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	07 31 7 2007
City	State Zip Code	Transaction ID: 20070726-18
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	0 8 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 20070815-17
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	0 8 3 1 2 0 0 7
City	State Zip Code	Transaction ID: 20070829-17
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
OUDTOTAL of Descripto This Descriptoral)		62.49

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 206 (check only one)    X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Americas Health Insuran	r than using the name and ac -ull)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Joni Hong  Mailing Address 601 Penr		<u>'</u>	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070917-16
Washington  FEC ID number of contributin federal political committee.	g C	20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼			
	Initial) Isylvania Ave NW		Date of Receipt  0 9 3 0 2 0 0 7
City	state	Zip Code	Transaction ID: 20070928_17_15_22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPSta	aff	
Receipt For:  Primary General		e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Joni Hong	Initial)		Date of Receipt
South Blo	sylvania Ave NW lg, Ste 500 State	7in Codo	10 15 20071011 10
City Washington	DC	Zip Code 20004-2601	Transaction ID: 20071011-16  Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.			20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPSta	aff	
Receipt For:  Primary General		e Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This P	age (optional)		62.49

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 206 (check only one)    X
Any inforn or for com	nation copied from such Reports and St mercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) icas Health Insurance Plans PAC	(AHIP PAC	<b>C</b> )	
Full Na Joni Ho	ume (Last, First, Middle Initial) ong			Date of Receipt
Mailing 	Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		10 31 2007
City	lanton	State	Zip Code	<b>Transaction ID:</b> 20071102-16
FEC II	ington  O number of contributing political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
Name Americ Plans	of Employer a's Health Insurance	Occupatio AHIPSta		
Receip F	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
Joni Ho		NA/		Date of Receipt
	Address 601 Pennsylvania Ave South Bldg, Ste 500	INVV		11 1 1 5 2007
City	ington	State DC	Zip Code 20004-2601	Transaction ID: 20071114-16
FEC II	number of contributing political committee.	C	20004-2001	Amount of Each Receipt this Period  20.83
Name Americ Plans	of Employer ca's Health Insurance	Occupatio AHIPSta		
Receip F	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
Full Na Joni Ho	nme (Last, First, Middle Initial)			Date of Receipt
	Address 601 Pennsylvania Ave South Bldg, Ste 500			11 30 7 9 9 9
City Wash	ington	State DC	Zip Code 20004-2601	Transaction ID: 20071201-16  Amount of Each Receipt this Period
FEC II	O number of contributing political committee.	C	20004 2001	20.83
Name Americ Plans	of Employer ca's Health Insurance	Occupatio AHIPSta		
Receip F	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
SUBTOT	AL of Receipts This Page (optional)	ı		62.49

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	AC (AHIP PAC	C)	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			1 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071214-16
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		499.92	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve NW		12 31 7 2007
City	State	Zip Code	Transaction ID: 280128-16
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 499.92	]
Full Name (Last, First, Middle Initial) John Hopkins			Date of Receipt
Mailing Address 2775 Crossroads Blv	/d		1 1 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8232f525a0e02902
Grand Junction	CO	81506-8712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Rocky Mountain Health Pla- ns	Occupatio CEO	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2000.00	
			2041.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso le name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Donna Horoschak  Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt  0 7 1 3 2 0 0 7
South Bldg, Ste 500 City	State Zip Code	Transaction ID: 20070715-19
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		07 31 7 2007
City	State Zip Code	Transaction ID: 20070726-19
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		08 15 2007
City	State Zip Code	Transaction ID: 20070815-18
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Healfn Insurance <u>Plans</u>	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1999.92	
SUBTOTAL of Receipts This Page (optional)		249.99
TOTAL This Period (last page this line number	·	

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA  Full Name (Last, First, Middle Initial)  Donna Horoschak	Statements may not be sold or used by any persone name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	· ,	
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070829-18
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak  Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Bldg, Ste 500	State Zip Code	0 9 1 5 2 0 0 7  Transaction ID: 20070917-17
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070928_18_15_22  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	nd Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Donna Horoschak  Mailing Address 601 Pennsylvania / South Bldg, Ste 50  City  Washington		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	Occupation	Amount of Each Receipt this Period  83.33
Plans Receipt For: Primary General Other (specify)	AHIPStaff  Aggregate Year-to-Date ▼  1999.92	
Full Name (Last, First, Middle Initial) Donna Horoschak  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1999.92	]
Full Name (Last, First, Middle Initial)  Donna Horoschak  Mailing Address 601 Pennsylvania		Date of Receipt
South Bldg, Ste 50 City Washington	0 State Zip Code DC 20004-2601	Transaction ID: 20071114-17  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
SUBTOTAL of Receipts This Page (options	(ls	249.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 206 (check only one)    X
A	ny information copied from such Reports and Signary for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Donna Horoschak  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt  1 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 20071201-17
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaf Aggregate		
	Full Name (Last, First, Middle Initial) Donna Horoschak  Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Bldg, Ste 500 City	State	Zip Code	1 2 1 5 2 0 0 7  Transaction ID: 20071214-17
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	
_	Full Name (Last, First, Middle Initial) Donna Horoschak	l		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		12 31 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-17
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period  83.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1999.92	
\[ \s	SUBTOTAL of Receipts This Page (optional)	1		249.99

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for o	formation copied from such Reports and St. commercial purposes, other than using the IME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ful	nericas Health Insurance Plans PAC  I Name (Last, First, Middle Initial)	(AHIP PAC	j) 	
	ren Ignagni iling Address 601 Pennsylvania Ave I South Bldg, Ste 500	VW		Date of Receipt    M
City Wa	<u> </u>	State DC	Zip Code 20004-2601	Transaction ID: 5f95ed3759906b4fac3  Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		5000.00
<u>Pla</u>	me of Employer nerica's Health Insurance ans ceipt For: Primary General Other (specify)	Occupation AHIPSta Aggregate		
Ale	I Name (Last, First, Middle Initial) thia Jackson iling Address 601 Pennsylvania Ave I	٧W		Date of Receipt
City	South Bldg, Ste 500	State	Zip Code	0 9 0 7 2 0 0 7 Transaction ID: 190371b38ccf029dedc
	ashington	DC	20004-2601	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
Nai Am Pla	me of Employer nerica's Health Insurance	Occupation AHIPSta		
	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	I Name (Last, First, Middle Initial) ott Keefer			Date of Receipt
Ma	iling Address 601 Pennsylvania Ave I South Bldg, Ste 500	VW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State DC	Zip Code	<b>Transaction ID:</b> 20070715-20
FE	ashington  C ID number of contributing leral political committee.	C	20004-2601	Amount of Each Receipt this Period  30.00
<u>Pla</u>		Occupation AHIPSta		
	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 813.36	
SUBT	FOTAL of Receipts This Page (optional)			5530.00
TOTA	AL This Period (last page this line number o	nnlv)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and Applications and the state of the	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions		
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F			solicit contributions from such committee.		
		·// 			
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt		
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			07		
City	State	Zip Code	Transaction ID: 20070726-20		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		30.00		
Name of Employer America's Health Insurance Plans	Occupatio AHIPSta				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 813.36			
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt		
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	• • • • • • • • • • • • • • • • • • • •				
City	State	Zip Code	Transaction ID: 20070815-19		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		30.00		
Name of Employer America's Health Insurance Plans	Occupatio AHIPSta				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 813.36	]		
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt		
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20070829-19  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		30.00		
Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		7		
Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 813.36			
SUBTOTAL of Receipts This Page (optional	al)		90.00		

Any information copied from such Reports ar	Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	nd Statements may not be sold or used by any perso the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	)	09 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-18  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   813.36	
Full Name (Last, First, Middle Initial) Scott Keefer	Ave AllAl	Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		09 30 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070928_19_15_22  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 813.36	
Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-18
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 813.36	
SUBTOTAL of Receipts This Page (optional	ı)	125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 66 / 206   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and dae	ress of arry pointed committee to	solicit contributions from such committee.
Americas Health Insurance Plans F	PAC (AHIP PAC	)	
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW )		10 31 7 2007
City	State	Zip Code	Transaction ID: 20071102-19
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 813.36	
Full Name (Last, First, Middle Initial) Scott Keefer	<u> </u>		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y 1 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: 20071114-19
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		813.36	
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			1 1 3 0 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071201-19
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		813.36	
			125.01

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Page 1	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Av	ND44	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	/e NW	12 15 2007
City	State Zip Code	Transaction ID: 20071214-19
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	813.36	
Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		12 31 7 2007
City	State Zip Code	Transaction ID: 280128-19
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance	Occupation AHIPStaff	
Plans Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	813.36	
Full Name (Last, First, Middle Initial) Chad Kibler	_1	Date of Receipt
Mailing Address 5645 Alcorn Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2cbb3c6e2d7da096
Louisville	OH 44641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AultCare	Occupation VP, Government Health Plans	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
SURTOTAL of Receipts This Page (optional)		333.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
(	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	C (AHIP PAC	)	
۷.	Full Name (Last, First, Middle Initial) Laurie Kuiper			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Ste 500	NW		08 21 2007
	City	State	Zip Code	Transaction ID: b456b3c4ebc41b40d28
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_ 3.	Full Name (Last, First, Middle Initial) Tony Lamb			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		10 31 2007
	City	State	Zip Code	Transaction ID: 20071102-20
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.08	
_ ).	Full Name (Last, First, Middle Initial) Tony Lamb			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20071114-20
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.08	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		520.84
ı			<u> </u>	
	<b>TOTAL</b> This Period (last page this line number	only)	<b>)</b>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 206 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	d Statements may not be sold or used by any personante name and address of any political committee to AC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tony Lamb Mailing Address 601 Pennsylvania A South Bldg, Ste 500 City	State Zip Code	Date of Receipt    M   M
Washington  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  10.42
Name of Employer America's Health Insurance Plans  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	
Full Name (Last, First, Middle Initial)  Tony Lamb  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt
City  Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071214-20  Amount of Each Receipt this Period  10.42
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	
Full Name (Last, First, Middle Initial) Tony Lamb Mailing Address 601 Pennsylvania A		Date of Receipt
South Bldg, Ste 500 City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-20  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	]
SUBTOTAL of Receipts This Page (optional	)	31.26

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 206 (check only one)    X
Any info	rmation copied from such Reports and S mmercial purposes, other than using the	tatements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	E OF COMMITTEE (In Full) ericas Health Insurance Plans PAC	(AHIP PAC	<b>C</b> )	
	Name (Last, First, Middle Initial) ara Lardy			Date of Receipt
Mailii 	ng Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		07 13 7 2007
City	shinatan	State DC	Zip Code	Transaction ID: 20070715-22
FEC	chington  ID number of contributing al political committee.	C	20004-2601	Amount of Each Receipt this Period  28.00
Nam Ame Plan	e of Employer rica's Health Insurance	Occupatio AHIPSta		
	oipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 795.03	
Barba	Name (Last, First, Middle Initial)			Date of Receipt
Mailii ——	ng Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		07 31 2007
City	shington	State DC	Zip Code 20004-2601	Transaction ID: 20070726-22
FEC	ID number of contributing al political committee.	C	20004-2001	Amount of Each Receipt this Period  28.00
Nam Ame Plan	e of Employer rica's Health Insurance	Occupatio AHIPSta		
	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 795.03	
	Name (Last, First, Middle Initial) ara Lardy			Date of Receipt
Mailii	ng Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	shington	State DC	Zip Code 20004-2601	Transaction ID: 20070815-21  Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	2000+2001	28.00
Nam Ame Plan	e of Employer rica's Health Insurance S	Occupatio AHIPSta		
	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 795.03	
SUBTO	TAL of Receipts This Page (optional)			84.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE /1 / 206   (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I			
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070829-21  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaft		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 795.03	
Full Name (Last, First, Middle Initial) Barbara Lardy	l		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			09 / 15 / Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 20070917-20  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 795.03	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			0 9 3 0 Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070928_21_15_2  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf	f	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 795.03	
SUBTOTAL of Receipts This Page (optional	al)		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 206 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persent and address of any political committee to	
Americas Health Insurance Plans PAC	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	10 15 2007
City	State Zip Code	Transaction ID: 20071011-20
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 795.03	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071102-21
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  795.03	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	1 1 1 1 5 2 0 0 7
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071114-21  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  795.03	
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5	500	11 30 2007
City <u>Washington</u>	State Zip Code  DC 20004-2601	Transaction ID: 20071201-21  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date  795.03	
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania	a Ave NW	Date of Receipt
South Bldg, Ste 5		12 15 2007
Washington	DC 20004-2601	Transaction ID: 20071214-21  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 795.03	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste		1 2
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 280128-21
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 795.03	
SUBTOTAL of Receipts This Page (option	onal)	125.01
TOTAL This Period (last page this line n	umber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 206 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Larson  Mailing Address 601 Pennsylvania A South Bldg, Ste 500			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070715-23  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStat Aggregate		
Full Name (Last, First, Middle Initial) Larry Larson  Mailing Address 601 Pennsylvania A South Bldg, Ste 500			Date of Receipt  0 7 3 1 2 0 0 7
City	State	Zip Code	Transaction ID: 20070726-23
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPState Aggregate		
Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			08 15 2007
City	State	Zip Code	Transaction ID: 20070815-22
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStat	ff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional	al)		62.49

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PARE Full Name (Last, First, Middle Initial)  Larry Larson  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Larry Larson  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City	Statements may not be sold or used by any person e name and address of any political committee to second C (AHIP PAC)	for the purpose of soliciting contributions solicit contributions from such committee.
-		Date of Receipt  M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
wasnington	State Zip Code DC 20004-2601	Transaction ID: 20070829-22
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   499.92	
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave	e NW	Date of Receipt
South Bldg, Ste 500	State 7in Code	09 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-21
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Larry Larson		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		09 / 000 / 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070928_22_15_22  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004-2001	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional) .	<b>&gt;</b>	62.49

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1988	d Statements may not be sold or used by any personante name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Av South Bldg, Ste 500 City Washington	ve NW  State Zip Code  DC 20004-2601	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	Occupation AHIPStaff Aggregate Year-to-Date  499.92	20.83
Full Name (Last, First, Middle Initial) Larry Larson  Mailing Address 601 Pennsylvania Ar South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  499.92	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: 20071102-22  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Larry Larson  Mailing Address 601 Pennsylvania Avanta South Bldg, Ste 500 City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	ve NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date ▼  499.92	Date of Receipt  M M M / D D / Y Y Y O O 7  Transaction ID: 20071114-22  Amount of Each Receipt this Period  20.83
SUBTOTAL of Receipts This Page (optional)	)	62.49

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P.	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071201-22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance	Occupation AHIPStat		7
Plans Receipt For:		Year-to-Date <b>V</b>	_
Primary General Other (specify) ▼	, iggi ogalo	499.92	
Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071214-22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW		12 31 2007
City	State	Zip Code	Transaction ID: 280128-22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date	
Primary General Other (specify) ▼	0 0	499.92	
			62.49

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 206 (check only one)    X
Any or fo	information copied from such Reports and Sor commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	C)	
	Full Name (Last, First, Middle Initial) leff Lemieux			Date of Receipt
<u></u>	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		07 13 7 9 9 9
	Dity	State	Zip Code	Transaction ID: 20070715-24
_	Washington FEC ID number of contributing	DC	20004-2601	Amount of Each Receipt this Period
	ederal political committee.	C		123.00
	Name of Employer America's Health Insurance	Occupation AHIPSta		
	Plans Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	3000.00	
	Full Name (Last, First, Middle Initial) leff Lemieux	1		Date of Receipt
N	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		07 31 2007
	Dity	State	Zip Code	Transaction ID: 20070726-24
-	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		125.00
-	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00	
	Full Name (Last, First, Middle Initial) Jeff Lemieux	1		Date of Receipt
N	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		08 15 2007
	Dity	State	Zip Code	Transaction ID: 20070815-23
_	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		125.00
1	Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		
F	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		3000.00	
	BTOTAL of Receipts This Page (optional)	1		375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 206 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	d Statements may not be sold or used by any personant the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Jeff Lemieux  Mailing Address 601 Pennsylvania A South Bldg, Ste 500	State Zip Code	Date of Receipt  0 8 3 1 2 0 0 7  Transaction ID: 20070829-23
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  125.00
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date  3000.00	]
Full Name (Last, First, Middle Initial)  Jeff Lemieux  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing	State Zip Code DC 20004-2601	Transaction ID: 20070917-22  Amount of Each Receipt this Period  125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   3000.00	]
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania A	ve NW	Date of Receipt
South Bldg, Ste 500 City Washington		0 9   3 0   2 0 0 7
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   3000.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	375.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	<del>;</del> )	
۸.	Full Name (Last, First, Middle Initial) Jeff Lemieux  Mailing Address 601 Pennsylvania Ave	NIM		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	INVV		10 15 2007
	City	State	Zip Code	Transaction ID: 20071011-22
	Washington FEC ID number of contributing	DC	20004-2601	Amount of Each Receipt this Period
	federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00	
_ 3.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 20071102-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼	0 0	3000.00	
_ ;.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20071114-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00	]
Γ	CURTOTAL ACRASSIAN TO B. A. A. A. A.			375.00
-	SUBTOTAL of Receipts This Page (optional)			070.00
	TOTAL This Period (last page this line number of	only)	<b>)</b>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 206 (check only one)    X
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u> . <u>J</u>	full Name (Last, First, Middle Initial) eff Lemieux Mailing Address 601 Pennsylvania Ave		,	Date of Receipt  1 1 3 0 2 0 0 7
	South Bldg, Ste 500	State	Zip Code	Transaction ID: 20071201-23
F	Washington EC ID number of contributing ederal political committee.	C	20004-2601	Amount of Each Receipt this Period  125.00
<u>F</u>	lame of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupatio AHIPSta Aggregate		
3. <u>J</u>	full Name (Last, First, Middle Initial) eff Lemieux Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		Date of Receipt  1 2 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 20071214-23
F	Washington EC ID number of contributing ederal political committee.	C	20004-2601	Amount of Each Receipt this Period  125.00
P	lame of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
	full Name (Last, First, Middle Initial) eff Lemieux			Date of Receipt
N	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		12 31 Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-23  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	20004-2001	125.00
	lame of Employer America's Health Insurance Plans	Occupatio AHIPSta		
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3000.00	
SUI	BTOTAL of Receipts This Page (optional)			375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the	Statements may not be sold or used by any personename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Dan Leonard  Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Bldg, Ste 500		07 13 2007
City	State Zip Code	Transaction ID: 20070715-25
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		07 31 7 2007
City	State Zip Code	Transaction ID: 20070726-25
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		08 15 2007
City	State Zip Code	Transaction ID: 20070815-24
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	
SUBTOTAL of Receipts This Page (optional)		624.99
TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 206 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Dan Leonard  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	`		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070829-24
	Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaf Aggregate		
3.	Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Bldg, Ste 500 City	State	Zip Code	09 15 2007017.22
	Washington	DC	20004-2601	Transaction ID: 20070917-23  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2007 2001	208.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 4999.92	]
_	Full Name (Last, First, Middle Initial) Dan Leonard	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			09 30 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070928_24_15_22
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period  208.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf	f	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92	
[	SUBTOTAL of Receipts This Page (optional)	1		624.99

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	PAC (AHIP PAC	)	
Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071011-23
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		4999.92	
Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071102-24
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y 1 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: 20071114-24
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPState		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	4999.92	
			624.99

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 206 (check only one)    X
or for c	ormation copied from such Reports and Si ommercial purposes, other than using the ME OF COMMITTEE (In Full) pericas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Dan	Name (Last, First, Middle Initial) Leonard ling Address 601 Pennsylvania Ave South Bldg, Ste 500		,	Date of Receipt  1 1 3 0 2 0 0 7
City		State	Zip Code	Transaction ID: 20071201-24
<u>Wa</u>	ashington	DC	20004-2601	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		208.33
<u>Pla</u>	ne of Employer erica's Health Insurance ns eipt For: Primary Other (specify)	Occupation AHIPState Aggregate		]
. Dan	Name (Last, First, Middle Initial) Leonard ling Address 601 Pennsylvania Ave	NIM		Date of Receipt
iviai	ling Address 601 Pennsylvania Ave South Bldg, Ste 500	12 15 2007		
City		State	Zip Code	Transaction ID: 20071214-24
	ashington CID number of contributing	DC	20004-2601	Amount of Each Receipt this Period  208.33
fede	eral political committee.	C		200.33
Nan Am Plai	ne of Employer erica's Health Insurance	Occupation AHIPStat		
	eipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		4999.92	]
	Name (Last, First, Middle Initial) Leonard			Date of Receipt
Mai	ling Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 280128-24
· · · · · · · · · · · · · · · · · · ·	ashington	DC	20004-2601	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		208.33
<u>Pla</u>		Occupation AHIPStat	ff	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92	
CLIDT	OTAL of Receipts This Page (optional)			624.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Bldg, Ste 500		07 13 2007
City	State Zip Code	Transaction ID: 20070715-26
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	07 31 7 2007
City	State Zip Code	Transaction ID: 20070726-26
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen	<u> </u>	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	0 8 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070815-25
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.08	
SUBTOTAL of Receipts This Page (optional)		125.01
TOTAL This Period (last page this line number	·	

Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Joe Lessen  Mailing Address 601 Pennsylvania Ave NW  South Bldg, Ste 500  City Stat  Washington DC  FEC ID number of contributing federal political committee.  Name of Employer  America's Hoelft Incurance	d address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Stat Washington DC  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Stat Washington DC  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance  Name of Employer  America's Health Insurance  Occu	, 	T		
City Washington DC  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Aggre Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Stat Washington DC  FEC ID number of contributing federal political committee.  Name of Employer America's Median Insurance  Name of Employer Occu		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Stat Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	e Zip Code	Transaction ID: 20070829-25		
Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Stat Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Approximate Approximate America's Health Insurance  Occu Name of Employer America's Health Insurance  Occu  Occu  Name of Employer America's Health Insurance  Occu  Occu	20004-2601	Amount of Each Receipt this Period		
Plans Receipt For:		41.67		
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Stat Washington DC  FEC ID number of contributing federal political committee.  Name of Employer Apprint & Health Insurance	oation Staff egate Year-to-Date ▼ 1000.08			
South Bldg, Ste 500  City Stat  Washington DC  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance		Date of Receipt		
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	South Bldg, Ste 500			
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	'	Transaction ID: 20070917-24		
Amorioo'e Hoolfh Incurance	20004-2601	Amount of Each Receipt this Period 41.67		
Plans	oation Staff			
Receipt For:  Primary General  Other (specify) ▼	egate Year-to-Date ▼ 1000.08			
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt		
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		09 30 7 2007		
City Stat Washington DC	e Zip Code 20004-2601	Transaction ID: 20070928_25_15_22		
FEC ID number of contributing federal political committee.	2000+2001	Amount of Each Receipt this Period 41.67		
1 1013	pation Staff			
Receipt For:  Primary  General  Other (specify) ▼	egate Year-to-Date ▼ 1000.08			
SUBTOTAL of Receipts This Page (optional)		125.01		

FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Transaction ID: 2007110  Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Occupation AHIPStaff  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Date of Receipt  Transaction ID: 2007110  Amount of Each Receipt the Transaction ID: 2007110  Amount of Each Receipt the Transaction ID: 2007110  Date of Receipt  Date of Receipt		$\vdash$ $\vdash$ $\vdash$	Use separate schedule(s) for each category of the Detailed Summary Page	1 3X)	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	
Date of Receipt   Mailling Address   601 Pennsylvania   Ave NW   South Bildg, Ste 500	ontributions committee.	for the purpose of soliciting contributions olicit contributions from such committee.	lress of any political committee to s	using the name and add	or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)	_
Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	2007	10 15 Y Y Y Y Y 1 2 0 0	7. O. d.	nia Ave NW e 500	Joe Lessen  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	). A.
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼ 1000.08  Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ 1000.08  Full Name (Last, First, Middle Initial) Joe Lessen Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City Primary General Other (specify) ▼ 1000.08  Date of Receipt Insurance Plans Receipt For: Primary General Other (specify) ▼ 1000.08  Date of Receipt Insurance Plans Receipt For: Primary General Other (specify) ▼ 1000.08  Date of Receipt Insurance Plans Aggregate Year-to-Date ▼ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•		-	
Plans Receipt For:     Primary	his Period 41.67	Amount of Each Receipt this Period 41.6	20004-2601		FEC ID number of contributing	
Date of Receipt   Mailing Address   601 Pennsylvania   Ave   NW   South   Bldg, Ste   500		_	f Year-to-Date ▼ 1000.08	AHIPStat	Plans Receipt For: Primary General	
City State Zip Code DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Transaction ID: 2007110  Mashington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Aggregate Year-to-Date ▼  Transaction ID: 2007111  Amount of Each Receipt Transaction ID: 2007111  Amount of Each Receipt the State St	2 0 0 7	M M / D D / Y Y Y			Joe Lessen  Mailing Address 601 Pennsylvania Av	3.
Washington  DC 20004-2601  Amount of Each Receipt the plans			•			
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General  Occupation AHIPStaff Aggregate Year-to-Date ▼  1000.08		Amount of Each Receipt this Period	•		•	
America's Healfh Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Transaction ID: 2007111  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Healfh Insurance Plans  Receipt For:  Primary General  AHIPStaff  Aggregate Year-to-Date ▼  Occupation AHIPStaff  Aggregate Year-to-Date ▼	41.67			C	FEC ID number of contributing	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joe Lessen  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General  Aggregate Year-to-Date ▼  1000.08					America's Healfh Insurance <u>Plans</u>	
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Transaction ID: 2007111  Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General  Date of Receipt  M M M / D D D / Y  1 1 1 5  Transaction ID: 2007111  Amount of Each Receipt the Each Re				Aggregate	Primary General	
South Bldg, Ste 500  City State Zip Code  Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  1 1 1 5  Transaction ID: 2007111  Amount of Each Receipt the Coccupation  AHIPStaff  Aggregate Year-to-Date ▼		Date of Receipt			,	
Washington  DC 20004-2601  Amount of Each Receipt the C  Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Amount of Each Receipt the C  Amount of Each Receipt the C  Amount of Each Receipt the C	2007	11 15 200	7in Codo	e 500	South Bldg, Ste 500	
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General  C  Occupation AHIPStaff Aggregate Year-to-Date ▼			•		•	
Plans Receipt For:  Primary  General  APIPStati  Aggregate Year-to-Date ▼	41.67		2000+2001		FEC ID number of contributing	
Primary General			f	AHIPStaf	Plans	
				Aggregate	Primary General	
SUBTOTAL of Receipts This Page (optional)	125.01	125.0	·····	otional)	SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	nd Statements may not be sold or used by any pers g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
Mailing Address 601 Pennsylvania 2 South Bldg, Ste 50		11 30 7 9 9 7
City	State Zip Code	Transaction ID: 20071201-25
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50	12 15 2007	
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071214-25
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Joe Lessen	L	Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50		12 31 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-25  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
SURTOTAL of Receipts This Dage (entire)	al)	125.01

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 206 (check only one)    X
or for c	commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nericas Health Insurance Plans PAC	C (AHIP PAC	0)	
Dan Dan	Name (Last, First, Middle Initial) niel C. Lyons			Date of Receipt
Mai ——	ling Address 1150 Grandview Terra	ace		10 15 2007
City Ra	dnor	State PA	Zip Code 19087	Transaction ID: 6fb01b74d4026f2561b  Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	С		250.00
Nan Inde	ne of Employer ependence Blue Cross	Occupation SVP, Go	on ovt Programs	
Rec	ceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Deb	Name (Last, First, Middle Initial) oi Manning			Date of Receipt
Mai 	ling Address 601 Pennsylvania Ave South Bldg, Ste 500	07 / 31 / 2007		
City W.s	ashington	State DC	Zip Code 20004-2601	Transaction ID: 20070726-27  Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	20004-2001	15.00
Nan Am Plai	ne of Employer erica's Health Insurance ns	Occupation AHIPSta		
	ceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
	Name (Last, First, Middle Initial) oi Manning			Date of Receipt
Mai	ling Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		08 15 2007
City <b>W</b> a	ashington	State DC	Zip Code 20004-2601	Transaction ID: 20070815-26  Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	С		15.00
<u>Pla</u>		Occupation AHIPSta		
	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	
SURT	OTAL of Receipts This Page (optional)	1		280.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 91 / 206   (check only one)     X   11a     11b     11c   12   13   14   15   16
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	g the hame and addre	oo or ary political committee to	estical contributions in our committee.
Americas Health Insurance Plans	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50			08 31 7 2007
City	State	Zip Code	Transaction ID: 20070829-26
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼	0 0 0	360.00	
Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50			0 9 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070917-25
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:	Aggregate Ye	ear-to-Date <b>V</b>	
Primary General Other (specify) ▼		360.00	
Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070928_26_15_2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General  Other (specify) ▼		360.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 206 (check only one)    X
4	ny information copied from such Reports and r for commercial purposes, other than using the commercial purposes.	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC	C)	
. ∠ \.	Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		10 15 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20071011-25
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	
	Full Name (Last, First, Middle Initial) Debi Manning	-		Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	10 31 2007		
	City	State	Zip Code	Transaction ID: 20071102-27
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	
. –	Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	ve NW		1 1 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20071114-27
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	
Γ		1		45.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 11		
Any information copied from such Repo or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  Americas Health Insurance Pla	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylval South Bldg, Ste	nia Ave NW e 500	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 20071201-27		
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   360.00			
Full Name (Last, First, Middle Initial) Debi Manning  Mailing Address 601 Pennsylval		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	South Bldg, Ste 500			
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071214-27		
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 15.00		
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00			
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt		
Mailing Address 601 Pennsylval South Bldg, Ste	500	12 31 2007		
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 280128-27		
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period  15.00		
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00			
SUBTOTAL of Receipts This Page (op	tional)	45.00		
TOTAL This Period (last page this line	number only)			

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 206 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		10 31 2007
	City	State	Zip Code	Transaction ID: 20071102-30
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.50
	Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
- 3.	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20071114-30
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.50
	Name of Employer America's Health Insurance Plans	Occupation AHIPStat	f	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
- ).	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			11 30 4 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071201-30  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.50
	Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
	Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 252.00	
	SUBTOTAL of Receipts This Page (optional)			31.50

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 206 (check only one)    X   11a
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	C)	
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		12 15 2007
	City	State	Zip Code	Transaction ID: 20071214-30
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  10.50
	Name of Employer America's Health Insurance	Occupatio AHIPSta		
	Plans Receipt For:		e Year-to-Date ▼	$\dashv$
	Primary General Other (specify) ▼	139.53	252.00	
 3.	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	12 / 31 / Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 280128-29
	Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	252.00	
- :.	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			07 13 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070715-31
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 20.00
	Name of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)			41.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from or for commercial purposes	such Reports and Statements n other than using the name and a	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE Americas Health Insi	E (In Full) urance Plans PAC (AHIP PA	AC)	
Full Name (Last, First, M Thomas Meyers	liddle Initial)		Date of Receipt
	Pennsylvania Ave NW h Bldg, Ste 500		07 31 7 2007
City	State DC	Zip Code	Transaction ID: 20070726-31
Washington FEC ID number of contri federal political committe	buting	20004-2601	Amount of Each Receipt this Period  20.00
Name of Employer America's Health Insurar Plans	Occupa AHIPS		
Receipt For:	Aggrega Aggrega	ate Year-to-Date ▼ 480.00	
Full Name (Last, First, M Thomas Meyers	·		Date of Receipt
	Pennsylvania Ave NW h Bldg, Ste 500	08 15 2007	
City	State	Zip Code	Transaction ID: 20070815-30
Washington FEC ID number of contri federal political committe		20004-2601	Amount of Each Receipt this Period  20.00
Name of Employer America's Health Insural Plans	occupa AHIPS		
Receipt For:	Aggrega Aggrega	ate Year-to-Date ▼ 480.00	
Full Name (Last, First, M Thomas Meyers	liddle Initial)		Date of Receipt
	Pennsylvania Ave NW h Bldg, Ste 500		08 31 7 9 9 9
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070829-30  Amount of Each Receipt this Period
FEC ID number of contri federal political committee	buting		20.00
Name of Employer America's Health Insural Plans	nce Occupa AHIPS		
Receipt For:	General	ate Year-to-Date ▼ 480.00	
SURTOTAL of Receipts T	his Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Bldg, Ste 500	State Zip Code	09 15 2007
City Washington		Transaction ID: 20070917-29
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.00
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers  Meiling Address COA Development Avenue	- NNA/	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NVV	09 30 2007
City	State Zip Code	Transaction ID: 20070928_30_15_22
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		10 15 2007
City	State Zip Code	<b>Transaction ID:</b> 20071011-29
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 206   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071102-31  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			11 1 1 5 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071114-31  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50			1 1 3 0 Y Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071201-31  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional	al)		60.00

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the (	FOR LINE NUMBER: PAGE 99 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and Stator for commercial purposes, other than using the n	ements may not be sold or usame and address of any politi	sed by any persor	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	AHIP PAC)		
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		12 15 2007
City Washington	State Zip Code DC 20004-260	1	Transaction ID: 20071214-31
FEC ID number of contributing federal political committee.	DC 20004-260		Amount of Each Receipt this Period  20.00
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date	480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		Date of Receipt  1 2 3 1 2 2 0 0 7
City Washington	State         Zip Code           DC         20004-260	1	Transaction ID: 280128-30  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff	,	
Primary General Other (specify) ▼	Aggregate Year-to-Date	480.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500			07 13 2007
City Washington	State Zip Code DC 20004-260	1	Transaction ID: 20070715-33  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	65.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 206 (check only one)    X
or for commercial purposes, oth  NAME OF COMMITTEE (In	er than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	e Initial) Insylvania Ave NW Idg, Ste 500		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070726-33
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		25.00
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼			
Full Name (Last, First, Middle Julie Miller			Date of Receipt
	ınsylvania Ave NW Idg, Ste 500		08 15 2007
City	State	Zip Code	Transaction ID: 20070815-32
Washington  FEC ID number of contributi federal political committee.	ng DC	20004-2601	Amount of Each Receipt this Period  25.00
Name of Employer America's Health Insurance Plans	Occupati AHIPSta		
Receipt For:  Primary Gen  Other (specify) ▼		te Year-to-Date ▼ 600.00	
Full Name (Last, First, Middl Julie Miller	e Initial)		Date of Receipt
South B	nsylvania Ave NW ldg, Ste 500		08 / 31 / 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070829-32
FEC ID number of contributi federal political committee.		20004-2001	Amount of Each Receipt this Period  25.00
Name of Employer America's Health Insurance Plans	Occupati AHIPSta		
Receipt For:  Primary Gen  Other (specify) ▼		te Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This	Page (entional)		75.00

South Bldg, Ste 500  City	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Washington   DC   20004-2601   Amount of Each Receipt this Period   Peri	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.    Name of Employer America's Health Insurance Plans   AHIPStaff	-	•	
Plans Receipt For:	FEC ID number of contributing		Amount of Each Receipt this Period 25.00
Date of Receipt	Plans Receipt For: Primary General	AHIPStaff  Aggregate Year-to-Date ▼  600.00	
City State Zip Code DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Coccupation AHIPStaff  Aggregate Year-to-Date ▼  Transaction ID: 20070928_32_1:  Amount of Each Receipt this Period  25.0  Date of Receipt  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Transaction ID: 20071011-31  Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt Transaction ID: 20071011-31  Amount of Each Receipt this Period  Transaction ID: 20071011-31  Amount of Each Receipt this Period  C 25.0	Julie Miller  Mailing Address 601 Pennsylvania Ave	NW	M M / D D / Y Y Y
Washington  DC 20004-2601  Amount of Each Receipt this Period  EC ID number of contributing federal political committee.  C		State Zin Code	
FEC ID number of contributing federal political committee.    Name of Employer America's Health Insurance Plans   Aggregate Year-to-Date ▼	•	•	
America's Health Insurance Plans Receipt For: Primary General Other (specify)  Other (specify)  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General  Aggregate Year-to-Date  Aggregate Year-to-Date  Total Plans Aggregate Year-to-Date  A	FEC ID number of contributing		25.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Julie Miller  Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General General  Primary General  Aggregate Year-to-Date ▼  600.00	America's Health Insurance	· ·	
Julie Miller Date of Receipt   Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500   City State Zip Code   Washington DC 20004-2601   FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period   Name of Employer America's Health Insurance Plans Occupation AHIPStaff   Receipt For: Aggregate Year-to-Date   Primary General	Primary General		
South Bldg, Ste 500  City State Zip Code Washington  DC 20004-2601  Transaction ID: 20071011-31  Amount of Each Receipt this Period  C  Name of Employer America's Health Insurance Plans  Receipt For: Primary  General  Aggregate Year-to-Date  Transaction ID: 20071011-31  Amount of Each Receipt this Period  25.0	,		Date of Receipt
Washington  DC 20004-2601  Amount of Each Receipt this Period  EC  Name of Employer America's Health Insurance Plans Receipt For: Primary  General  Amount of Each Receipt this Period  Amount of Each Receipt this Period  25.0	South Bldg, Ste 500		10 15 2007
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General  C  25.00  ACCUpation AHIPStaff AGgregate Year-to-Date	•	•	
Federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Occupation AHIPStaff  Aggregate Year-to-Date  FOO DO	•	DC 20004-2601	Amount of Each Receipt this Period
Plans Receipt For:  Primary  General  APIPSIAII  Aggregate Year-to-Date ▼		C	25.00
Primary General 600.00	<u>Plans</u>	AHIPStaff	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	) <b>/</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   102 / 206   (check only one)
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any personal research	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	y color contributions from cuch committee.		
Americas Health Insurance Plans	PAC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5	Ave NW 00		10 31 7 9 9 9
City	State	Zip Code	Transaction ID: 20071102-33
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071114-33
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5			1 1 3 0 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071201-33
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	600.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 206 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	C (AHIP PAC	C)	
Α.	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		12 15 2007
	City	State	Zip Code	Transaction ID: 20071214-33
	Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  25.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		12 31 7 2007
	City	State DC	Zip Code	Transaction ID: 280128-32
	Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  25.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
C.	Full Name (Last, First, Middle Initial) Marion Minichiello			Date of Receipt
	Mailing Address 4 Raymond Road Ext			12 07 YYYY 12007
	City	State	Zip Code	Transaction ID: 972a98477daa9488d37
	Burlington  FEC ID number of contributing federal political committee.	C	01803-2828	Amount of Each Receipt this Period 250.00
	Name of Employer Tufts Health Plan	Occupation VP, Sale		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		300.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  Americas Health Insurance Plan	is and Statements may not be sold or used by any person sing the name and address of any political committee to this PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvan South Bldg Ste	ia Ave NW 500	07 13 2007
City	State Zip Code	Transaction ID: 20070715-34
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	]
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvan South Bldg Ste		07 31 YYYY 2007
City	State Zip Code	Transaction ID: 20070726-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	]
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvan South Bldg Ste		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070815-33  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (opt	ional)	62.49

ITE	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 206 (check only one)    X
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
1	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	NW		08 31 2007
	City	State	Zip Code	Transaction ID: 20070829-34
-	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 20.83
Ī	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary  General  Other (specify)		e Year-to-Date ▼ 499.92	
	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
Ì	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070917-33
-	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
-	Name of Employer America's Health Insurance Plans	Occupation AHIPState		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 499.92	
	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
Ì	Mailing Address 601 Pennsylvania Ave South Bldg Ste 500	NW		09 30 7 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070928_34_15_22  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Healfh Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
su	IBTOTAL of Receipts This Page (optional)			62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PAC	C (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Martin Mitchell  Mailing Address 601 Pennsylvania Ave	a NIW	Date of Receipt
South Bldg Ste 500	, 1444	10 15 2007
City	State Zip Code	Transaction ID: 20071011-33
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg Ste 500		10 31 2007
City	State Zip Code	Transaction ID: 20071102-35
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg Ste 500		11 1 15 2007
City	State Zip Code	Transaction ID: 20071114-35
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	. [
Primary General Other (specify) ▼	499.92	
SUBTOTAL of Receipts This Page (optional)		62.49
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any personal ename and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Martin Mitchell  Mailing Address 601 Pennsylvania Ave South Bldg Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt  M M J D D J Z D O 7  Transaction ID: 20071201-35  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Martin Mitchell  Mailing Address 601 Pennsylvania Ave South Bldg Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Martin Mitchell  Mailing Address 601 Pennsylvania Ave South Bldg Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· 	62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 206 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	ename and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Neary  Mailing Address Mutual of Omaha Plz 3301 Dodge St  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Mutual of Omaha Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code NE 68131-3416  C Occupation CEO Aggregate Year-to-Date  2000.00	Date of Receipt  M M M O 8 O 8 2007  Transaction ID: 52ae809b75b1b0a097  Amount of Each Receipt this Period  2000.00
Full Name (Last, First, Middle Initial) Joe Novak  Mailing Address 2600 Sixth St SW  City Canton  FEC ID number of contributing federal political committee.  Name of Employer AultCare  Receipt For: Primary General Other (specify)	State Zip Code OH 44710-1702  C  Occupation Provider Relations  Aggregate Year-to-Date  250.00	Date of Receipt  M M C 26 2007  Transaction ID: f32712c49cae9ba369a  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) David Oliker  Mailing Address 625 State St  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care  Receipt For: Primary General Other (specify)	State Zip Code NY 12305-2111  C  Occupation CEO  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 4e70c9b3acdc99dfdfc  Amount of Each Receipt this Period  2000.00
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	4250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	d Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Norman Payson  Mailing Address 8 Centre Street Ste 3  City Concord  FEC ID number of contributing federal political committee.  Name of Employer Concentra Inc.  Receipt For: Primary General Other (specify)	State Zip Code NH 03301-6302  C  Occupation CEO  Aggregate Year-to-Date  2000.00	Date of Receipt  M M O 8  O 8  Transaction ID: de5693443f51056f16e  Amount of Each Receipt this Period  2000.00
Full Name (Last, First, Middle Initial)  Betsy Pelovitz  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General	ave NW	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20070715-35  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) Betsy Pelovitz  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans	State Zip Code DC 20004-2601  C  Occupation AHIPStaff	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼  1187.55	2083.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Betsy Pelovitz  Mailing Address 601 Pennsylvania A	vo NW	Date of Receipt
South Bldg, Ste 500	VO 1444	08 15 2007
City	State Zip Code	Transaction ID: 20070815-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		08 / 31 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070829-35
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		09 / 15 / Y Y Y Y
City	State Zip Code	Transaction ID: 20070917-34
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	. [
Primary General Other (specify)	1187.55	
SUBTOTAL of Receipts This Page (optional	)	166.67
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  Americas Health Insurance Pla	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to ns PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylval	nia Ave NW	Date of Receipt
South Bldg, Ste	State         Zip Code           DC         20004-2601	0 9 3 0 2 0 0 7  Transaction ID: 20070928_35_15_22  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	Occupation AHIPStaff Aggregate Year-to-Date   1187.55	62.50
Full Name (Last, First, Middle Initial) Betsy Pelovitz  Mailing Address 601 Pennsylval South Bldg, Ste		Date of Receipt    M M
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   1187.55	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylval	nia Ave NW	Date of Receipt
South Bldg, Ste City Washington		Transaction ID: 20071102-36  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date  1187.55	
SUBTOTAL of Receipts This Page (op	tional)	187.50

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 206 (check only one)    X
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	Americas Health Insurance Plans PAC	C (AHIP PAC	<b>(</b> )	
<b>\</b> . <u>E</u>	ull Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
N	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		11 1 15 2007
	City Maghington	State DC	Zip Code	Transaction ID: 20071114-36
F	Washington FEC ID number of contributing ederal political committee.	C	20004-2601	Amount of Each Receipt this Period  62.50
	lame of Employer America's Health Insurance Plans	Occupatio AHIPSta		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1187.55	
. <u>E</u>	ull Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
N -	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		11  30  2007
	ity Vashington	State DC	Zip Code 20004-2601	Transaction ID: 20071201-36
F	EC ID number of contributing ederal political committee.	C	20004-2001	Amount of Each Receipt this Period 62.50
P	lame of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1187.55	
	full Name (Last, First, Middle Initial) Betsy Pelovitz	1		Date of Receipt
N _	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		12 15 2007
	Dity Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071214-36  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	1 1 1 1 1	62.50
<u> </u>	lame of Employer America's Health Insurance Plans	Occupatio AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1187.55	
SUI	BTOTAL of Receipts This Page (optional)	1		187.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PAG	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Ave	a NW	Date of Receipt
South Bldg, Ste 500		12 31 2007
City	State Zip Code	Transaction ID: 280128-35
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1187.55	
Full Name (Last, First, Middle Initial) Diane Pete	1	Date of Receipt
Mailing Address 2203 Radford Street,	NW	09 26 2007
City	State Zip Code	Transaction ID: df95e0c10c5a84f0c50
North Canton	OH 44720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Aultcare	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070715-36
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.16
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2763.84	
SUBTOTAL of Receipts This Page (optional) .		428.66
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Americas Health Insurance Plans P	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			07 031 7 2007
City	State	Zip Code	Transaction ID: 20070726-36
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance	Occupation AHIPStat		
<u>Plans</u> Receipt For:		Year-to-Date ▼	$\dashv$
Primary General Other (specify) ▼	Aggregate	2763.84	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y X Y X Y X Y X Y X Y X Y
City	State	Zip Code	Transaction ID: 20070815-35
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2763.84	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			08 31 7 2007
City	State	Zip Code	Transaction ID: 20070829-36
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	2763.84	
			348.48

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal remains and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Bldg, Ste 500	Charles 7:- Condo	09 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-35
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period  116.16
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date ▼  2763.84	
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	09 30 2007
City	State Zip Code	Transaction ID: 20070928_36_15_22
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.16
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2763.84	]
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	10 15 2007
City	State Zip Code	Transaction ID: 20071011-35
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  116.16
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2763.84	]
SUBTOTAL of Receipts This Page (optional)		348.48
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1988 1988 1988 1988 1988 1988 1988 198	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to AC (AHIP PAC)	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Pisano  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans	State Zip Code DC 20004-2601  C Occupation AHIPStaff	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2763.84	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  2763.84	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Susan Pisano  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  2763.84	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		348.48

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 11//206   (check only one)     X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and name and add	aroo or any pontoar committee to	osnor osnirilatione nom otto osnirilitoo.
Americas Health Insurance Plans P.	AC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A' South Bldg, Ste 500			1 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20071214-37
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2763.84	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A' South Bldg, Ste 500			1 2
City	State	Zip Code	Transaction ID: 280128-36
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2763.84	
Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			0 7 1 3 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070715-37
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		499.92	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A O	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC	C)	
	Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		07 31 2007
	City	State	Zip Code	Transaction ID: 20070726-37
	Washington FEC ID number of contributing	DC	20004-2601	Amount of Each Receipt this Period  20.83
	federal political committee.	C		20.03
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		499.92	
	Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		08 15 2007
	City	State	Zip Code	Transaction ID: 20070815-36
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
	Name of Employer America's Health Insurance	Occupation AHIPSta		
	Plans Receipt For:		e Year-to-Date ▼	$\dashv$
	Primary General Other (specify) ▼	riggi ogali	499.92	
. –	Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW		08 31 2007
	City	State DC	Zip Code 20004-2601	Transaction ID: 20070829-37
	Washington FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify) ▼		499.92	
Г		L		62.49

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   119 / 206   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P			
Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070917-36  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Jennifer Rak	<b>I</b>		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			09 / 30 / Y Y Y Y
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070928_37_15_2  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y 1 1 5 2 0 0 7
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20071011-36  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPSta	ff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	]
SUBTOTAL of Receipts This Page (optional	l)		62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 206 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Jennifer Rak  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt  10 20071102-38  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial)  Jennifer Rak  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jennifer Rak  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  499.92	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 3 0 2 0 0 7  Transaction ID: 20071201-38  Amount of Each Receipt this Period  20.83
SUBTOTAL of Receipts This Page (optional)		62.49

	Detailed :	category of the Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold e name and address of any	or used by any person political committee to s	for the purpose of soliciting contributions colicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Jennifer Rak			Date of Receipt
Mailing Address 601 Pennsylvania Avo South Bldg, Ste 500	e NW		12 15 2007
City	State Zip Coo	de	Transaction ID: 20071214-38
Washington	DC 20004-	2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance	Occupation		
<u>Plans</u> Receipt For:	AHIPStaff Aggregate Year-to-Dat	• 🔻	-
Primary General	Aggregate Teal-to-Dat	1 1 1 1	
Other (specify) ▼	0 0 0 0	499.92	
Full Name (Last, First, Middle Initial) Jennifer Rak	•		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			12 31 2007
City	State Zip Coo	de	Transaction ID: 280128-37
Washington	DC 20004-	2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:	Aggregate Year-to-Dat	e <b>▼</b>	
Primary General Other (specify) ▼		499.92	
Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500			07 13 2007
City	State Zip Coo		Transaction ID: 20070715-38
Washington	DC 20004-	2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff		
Receipt For:	Aggregate Year-to-Dat	e <b>▼</b>	1
Primary General		1999.92	
Other (specify)	0 0 0 0		
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	124.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 206 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	nd Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania / South Bldg, Ste 50	Ave NW 0 State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Washington FEC ID number of contributing	DC 20004-2601	Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date  1999.92	
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania A South Bldg, Ste 50		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070815-37
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	]
Full Name (Last, First, Middle Initial) Richard Ramsay		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50	0	08 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070829-38  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
CURTOTAL of Descirts This Dags (action)	al)	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 206 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any persone name and address of any political committee to AC (AHIP PAC)	oon for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20070917-37  Amount of Each Receipt this Period  83.33
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   1999.92	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   1999.92	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 206 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	nd Statements may not be sold or used by any perso g the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania South Bldg, Ste 50 City	Ave NW 0 State Zip Code	Date of Receipt  10 2007  Transaction ID: 20071102-39
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  1999.92	
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania A South Bldg, Ste 50		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071114-39  Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  1999.92	
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania	Ave NW	Date of Receipt
South Bldg, Ste 50 City Washington		1 1 3 0 2 0 0 7  Transaction ID: 20071201-39  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	83.33
Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼	AHIPStaff  Aggregate Year-to-Date ▼  1999.92	
SUBTOTAL of Receipts This Page (options	al)	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any pers e name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date ▼  1999.92	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   1999.92	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Ingrid Reeves  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   352.47	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		187.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 206 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any personal ename and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ingrid Reeves  Mailing Address 601 Pennsylvania Aveo South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   352.47	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20070928_40_15_22  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Ingrid Reeves  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   352.47	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20071011-39  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Ingrid Reeves  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   352.47	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20071102-41  Amount of Each Receipt this Period  20.83
SUBTOTAL of Receipts This Page (optional)		62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PAG	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave	e NW	Date of Receipt
South Bldg, Ste 500	Charles 7:- Condo	11 15 2007
City	State Zip Code DC 20004-2601	Transaction ID: 20071114-41
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation AHIPStaff  Aggregate Year-to-Date   352.47	1
Other (specify) ▼  Full Name (Last, First, Middle Initial) Ingrid Reeves	0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW	11 30 7 2007
City	State Zip Code	Transaction ID: 20071201-41
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 352.47	
Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		12 15 2007
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 20071214-41
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	352.47	
SUBTOTAL of Receipts This Page (optional)		62.49
TOTAL This Period (last page this line number	r only)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 206 (check only one)    X
or for	nformation copied from such Reports and Si commercial purposes, other than using the AME OF COMMITTEE (In Full) mericas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Fu <u>Ing</u>	ull Name (Last, First, Middle Initial) grid Reeves ailing Address 601 Pennsylvania Ave South Bldg, Ste 500	`	,	Date of Receipt
Ci		State	Zip Code	Transaction ID: 280128-40
<u>W</u>	ashington	DC	20004-2601	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		20.83
<u>Pl</u>	ame of Employer merica's Health Insurance ans secipt For: Primary General Other (specify)	Occupation AHIPState Aggregate		]
Bo	Ill Name (Last, First, Middle Initial) bb Rehm ailing Address 601 Pennsylvania Ave	NW		Date of Receipt
	South Bldg, Ste 500	INVV		07 13 2007
Ci		State	Zip Code	Transaction ID: 20070715-41
FE	Section (askington)  EC ID number of contributing deral political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
Ar	ame of Employer nerica's Health Insurance ans	Occupation AHIPStat		
	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 593.70	
	III Name (Last, First, Middle Initial)			Date of Receipt
_	ailing Address 601 Pennsylvania Ave South Bldg, Ste 500			07 31 2007
Ci	ty /ashington	State DC	Zip Code 20004-2601	Transaction ID: 20070726-41
FE	EC ID number of contributing deral political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
<u>Pl</u>	ame of Employer nerica's Health Insurance ans	Occupation AHIPStat		
	eceipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 593.70	
SUB	TOTAL of Receipts This Page (optional)			62.49

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1988 1989 1989 1989 1989 1989 1989 198	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee
	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Av	· ,	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 500 City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070815-40
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  593.70	
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Av	re NW	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 500	State Zip Code	Transaction ID: 20070829-41
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 593.70	
Full Name (Last, First, Middle Initial) Bob Rehm		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	re NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-40  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 593.70	
SUBTOTAL of Receipts This Page (optional)		83.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Crieck only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	e name and address of any political co	rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bob Rehm  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   55	Date of Receipt    M
Full Name (Last, First, Middle Initial) Bob Rehm  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 15 20071011-40  Amount of Each Receipt this Period  31.25
Full Name (Last, First, Middle Initial) Bob Rehm  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		93.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any per ne name and address of any political committee AC (AHIP PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bob Rehm  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   593.70	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 20071114-42  Amount of Each Receipt this Period  31.25
Full Name (Last, First, Middle Initial) Bob Rehm  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   593.70	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20071201-42  Amount of Each Receipt this Period  31.25
Full Name (Last, First, Middle Initial) Bob Rehm  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   593.70	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		93.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 206 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	nd Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bob Rehm	, , , , , , , , , , , , , , , , , , ,	Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 50	0	12 31 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-41  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   593.70	1
Full Name (Last, First, Middle Initial) Christopher Remark Mailing Address 11205 Wright Road		Date of Receipt
City	State Zip Code	0 9 2 6 2 0 0 7 Transaction ID: 60f99a77783a4b09044
<u>Uniontown</u>	OH 44685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AultCare	Occupation EVP, Altman Hospital	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Richard Richiski		Date of Receipt
Mailing Address One Liberty Plaza,	31st Floor	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 0c94b69b3ddc8ca74c5
New York  FEC ID number of contributing federal political committee.	NY 10006-1404	Amount of Each Receipt this Period 3000.00
Name of Employer Zurich North America	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
		3281.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 206 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any person name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sue Rohan  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  1916.59	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Sue Rohan  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   1916.59	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sue Rohan  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   1916.59	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20070815-41  Amount of Each Receipt this Period  83.33
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	nd Statements may not be sold or used by any pers the name and address of any political committee to PAC (AHIP PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sue Rohan  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.		Date of Receipt    M M
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1916.59	
Full Name (Last, First, Middle Initial) Sue Rohan  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20070917-41
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1916.59	
Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		09 / 30 / 2007
City	State Zip Code	Transaction ID: 20070928_42_15_2
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1916.59	
SUBTOTAL of Receipts This Page (optional	· · · · · · · · · · · · · · · · · · ·	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500		10 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-41  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1916.59	
Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	re NW	10 31 / Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071102-43
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1916.59	
Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	re NW	1 1 1 5 2 0 0 7
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071114-43  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 25004 2501	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1916.59	
SUBTOTAL of Receipts This Page (optional)		249.99
TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 206 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	C (AHIP PAC	C)	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW		11 30 4 2007
	City	State	Zip Code	Transaction ID: 20071201-43
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1916.59	
В.	Full Name (Last, First, Middle Initial) Sue Rohan	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500			12 15 2007
	City Washington	State DC	Zip Code	Transaction ID: 20071214-43
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  83.33
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1916.59	
– C.	Full Name (Last, First, Middle Initial) James Roosevelt	<u> </u>		Date of Receipt
	Mailing Address 333 Wyman St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Waltham	State MA	Zip Code	Transaction ID: be7e4e8b5581db7357f
	FEC ID number of contributing federal political committee.	C	02451-1209	Amount of Each Receipt this Period 2000.00
	Name of Employer Tufts Health Plan	Occupation	on	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2166.66
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	d Statements may not be sold or used by any persor the name and address of any political committee to s AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James R. Savage Mailing Address 500 Bachtel SE  City North Canton  FEC ID number of contributing federal political committee.  Name of Employer AultCare  Receipt For: Primary General Other (specify)	State Zip Code OH 44720  C  Occupation Manager, Underwriting Aggregate Year-to-Date  250.00	Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Melissa Shelton  Mailing Address 3371 Hadrian Circle  City  Canton  FEC ID number of contributing federal political committee.  Name of Employer Aultcare  Receipt For:  Primary  General	State Zip Code OH 44708  C  Occupation Associate Vice President Aggregate Year-to-Date	Date of Receipt  M M M / D D D / Y Y Y Y Y  2 0 0 7  Transaction ID: 85c5f79f056dfeb20eb  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Lisa Shreve  Mailing Address 12149 Darnley Rd South Bldg, Ste 500  City  Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code VA 22192-6615  C  Occupation AHIPStaff  Aggregate Year-to-Date   500.08	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	541.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any person ne name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lisa Shreve  Mailing Address 12149 Darnley Rd  City Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	State Zip Code VA 22192-6615  C  Occupation AHIPStaff  Aggregate Year-to-Date   500.08	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: 20070928_43_15_22  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) Lisa Shreve  Mailing Address 12149 Darnley Rd South Bldg, Ste 500  City Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	State Zip Code VA 22192-6615  C  Occupation AHIPStaff  Aggregate Year-to-Date   500.08	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lisa Shreve  Mailing Address 12149 Darnley Rd South Bldg, Ste 500  City Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State Zip Code VA 22192-6615  C  Occupation AHIPStaff  Aggregate Year-to-Date   500.08	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 20071102-44  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	125.01

SCHEDULE A ( ITEMIZED REC	FEC Form 3X) EIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 206 (check only one)    X
or for commercial purpo	ses, other than using the na	ements may ame and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMIT  Americas Health	TEE (In Full) Insurance Plans PAC ( <i>I</i>	AHIP PAC	)	
Full Name (Last, First Lisa Shreve	,			Date of Receipt
	2149 Darnley Rd outh Bldg, Ste 500			11 1 15 2007
City <u>Woodbridge</u>		State VA	Zip Code 22192-6615	Transaction ID: 20071114-44
FEC ID number of c federal political com		C	22192-0013	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Ins Plans	surance	Occupation AHIPStaff		
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 500.08	
Full Name (Last, First Lisa Shreve	,			Date of Receipt
	2149 Darnley Rd outh Bldg, Ste 500			11 30 7 2007
City Woodbridge		State VA	Zip Code 22192-6615	Transaction ID: 20071201-44
FEC ID number of c federal political comr		C	22192-0013	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Ins Plans	surance	Occupation AHIPStaff		
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 500.08	
Full Name (Last, First Lisa Shreve	st, Middle Initial)			Date of Receipt
Mailing Address 1	2149 Darnley Rd			12 15 2007
City		State	Zip Code	Transaction ID: 20071214-44
Woodbridge FEC ID number of c federal political comr		C	22192-6615	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Ins Plans	surance	Occupation AHIPStaff		
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 500.08	
SUBTOTAL of Receip	ts This Page (ontional)			125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 206 (check only one)    X
0	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Lisa Shreve  Mailing Address 12149 Darnley Rd South Bldg, Ste 500  City  Woodbridge  FEC ID number of contributing	State VA	Zip Code 22192-6615	Date of Receipt  1 2 3 1 2 0 0 7  Transaction ID: 280128-42  Amount of Each Receipt this Period
	federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	Occupatio AHIPSta Aggregate		41.67
— В.	Full Name (Last, First, Middle Initial) Charles Stellar  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington	NW State DC	Zip Code 20004-2601	Date of Receipt    M M
	FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)	Occupatio AHIPSta Aggregate		2000.00
 C.	Full Name (Last, First, Middle Initial) Buck Stinson  Mailing Address 6620 W Broad St Bldg 4  City Richmond  FEC ID number of contributing federal political committee.	State VA	Zip Code 23230-1700	Date of Receipt    M M
	Name of Employer Genworth Financial  Receipt For:  Primary General  Other (specify) ▼	Occupatio CEO Aggregate	e Year-to-Date ▼ 500.00	
[;	SUBTOTAL of Receipts This Page (optional)			2541.67

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 206 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC	C)	
۷.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Building, Ste 5			07 13 7 2007
	City	State	Zip Code	Transaction ID: 20070715-44
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	4904.40	
_	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
•	Mailing Address 601 Pennsylvania Av South Building, Ste 5			0 7 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 20070726-44
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		4904.40	
_	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Av South Building, Ste 5			08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070815-43
	<u>Washington</u>	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	4904.40	
Г	SUBTOTAL of Receipts This Page (optional)			613.05

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt
South Building, Ste 5	00	08 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070829-44  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4904.40	
Full Name (Last, First, Middle Initial)  Scott Styles	NM.	Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Ste 5		09 15 2007
City	State Zip Code	Transaction ID: 20070917-43
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Ste 5		09 / 30 / Y Y Y Y Y
City	State Zip Code DC 20004-2601	Transaction ID: 20070928_44_15_22
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  204.35
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
SUBTOTAL of Receipts This Page (optional)		613.05
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans Pa	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Av	ro NIM	Date of Receipt
South Building, Ste 5	500	10 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071011-43
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period  204.35
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Ste		10 31 2007
City	State Zip Code	Transaction ID: 20071102-45
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Ste 8		1 1 1 5 2 0 0 7
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071114-45
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period  204.35
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
SUBTOTAL of Receipts This Page (optional)		613.05
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1	d Statements may not be sold or used by any persibe name and address of any political committee the AC (AHIP PAC)	13 14 15 16 5 16 5 16 5 16 5 16 5 16 5 16
Full Name (Last, First, Middle Initial) Scott Styles  Mailing Address 601 Pennsylvania Av South Building, Ste	ve NW 500	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071201-45  Amount of Each Receipt this Period  204.35
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   4904.40	
Full Name (Last, First, Middle Initial) Scott Styles  Mailing Address 601 Pennsylvania Address South Building, Stell		Date of Receipt  1 2
City	State Zip Code	Transaction ID: 20071214-45
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  204.35
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   4904.40	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Ste		12 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280128-43
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period  204.35
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4904.40	
SUBTOTAL of Receipts This Page (optional)		613.05

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 145 / 206   (check only one)     X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, the name and add	arood or arry pointed dominities to	osion contributione from cucin committee.
Americas Health Insurance Plans F	PAC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Jeanette Thornton			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	0		07 13 2007
City	State DC	Zip Code	Transaction ID: 20070715-45
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.45	
Full Name (Last, First, Middle Initial) Jeanette Thornton			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			07 31 7 2007
City	State	Zip Code	Transaction ID: 20070726-45
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPState		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	312.45	
Full Name (Last, First, Middle Initial) Jeanette Thornton			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070815-44
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPState	ff	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		312.45	]

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 206 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	d Statements may not be sold or used by any personant the name and address of any political committee to AC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Jonathan Tilton  Mailing Address 601 Pennsylvania A  South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date	Date of Receipt  M M M / D D D 2007  Transaction ID: 20070715-46  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Jonathan Tilton  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date  499.92	
Full Name (Last, First, Middle Initial) Jonathan Tilton  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 20070815-45  Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date  499.92	
SUBTOTAL of Receipts This Page (optional	l)	62.49

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Jonathan Tilton	N04	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e Nvv	08 31 2007
City	State Zip Code	Transaction ID: 20070829-46
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	09 15 2007	
City	State Zip Code	Transaction ID: 20070917-45
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	09 7 30 7 2007
City	State Zip Code	Transaction ID: 20070928_46_15_2
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
		62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	e name and address of any political committ	person for the purpose of soliciting contributions lee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jonathan Tilton  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City	e NW State Zip Code	Date of Receipt  10 15 20071011 45
Washington Washington		Transaction ID: 20071011-45
FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  499.92	2
Full Name (Last, First, Middle Initial) Jonathan Tilton Mailing Address 601 Pennsylvania Ave	» NW	Date of Receipt  1 0 3 1 2 0 0 7
South Bldg, Ste 500 City	State Zip Code	
Washington	DC 20004-2601	Transaction ID: 20071102-47
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	2
Full Name (Last, First, Middle Initial) Jonathan Tilton		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	NW	1 1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20071114-47
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional) .		62.49
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jonathan Tilton  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 20071201-47  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Jonathan Tilton  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20071214-47  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Jonathan Tilton  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   499.92	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any persele name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Trebino  Mailing Address 142 Manning St  City Needham  FEC ID number of contributing federal political committee.  Name of Employer Tufts Health Plan  Receipt For: Primary General Other (specify)	State Zip Code MA 02494-1541  C  Occupation SVP of Operations, CIO  Aggregate Year-to-Date ▼  500.00	Date of Receipt  1 2 0 7 2 0 0 7  Transaction ID: b9f116c6d68f44c4a9c  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Aaron Tucker  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)	e NW  State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  250.08	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Aaron Tucker  Mailing Address 601 Pennsylvania Av South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date  250.08	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		520.84

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)  Americas Health Insurance	ports and Statements may not be sold or used by any pen using the name and address of any political committee Plans PAC (AHIP PAC)	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Init  Aaron Tucker  Mailing Address 601 Pennsyl  South Bldg,  City	vania Ave NW	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  10.42
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	
Full Name (Last, First, Middle Init Aaron Tucker  Mailing Address 601 Pennsyl South Bldg,	vania Ave NW	Date of Receipt  1 2 1 5 2 0 0 7
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071214-48  Amount of Each Receipt this Period  10.42
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date   250.08	
	vania Ave NW	Date of Receipt
South Bldg, City Washington	State Zip Code  DC 20004-2601	Transaction ID: 280128-46  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	Occupation	10.42
Plans Receipt For:  Primary General  Other (specify) ▼	AHIPStaff  Aggregate Year-to-Date ▼  250.08	
SUBTOTAL of Receipts This Page	optional)	31.26

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 206 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	the name and addr	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Michael Tuffin  Mailing Address 601 Pennsylvania A			Date of Receipt
South Bldg, Ste 500 City Washington FEC ID number of contributing	State DC	Zip Code 20004-2601	Transaction ID: 20070715-48  Amount of Each Receipt this Period
federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff Aggregate		125.00
Full Name (Last, First, Middle Initial) Michael Tuffin  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City Washington  FEC ID number of contributing		Zip Code 20004-2601	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff		]
Full Name (Last, First, Middle Initial)  Michael Tuffin  Mailing Address 601 Pennsylvania A			Date of Receipt
South Bldg, Ste 500	) State	Zip Code	0 8 1 5 2 0 0 7 Transaction ID: 20070815-47
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 325.00
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff Aggregate		
Primary General Other (specify) ▼		3949.97	
SUBTOTAL of Receipts This Page (optional	(l		575.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	<b>(.)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			08 31 7 2007
City	State	Zip Code	Transaction ID: 20070829-48
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:		Year-to-Date <b>V</b>	7
Primary General Other (specify) ▼	- iggi ogalo	3949.97	
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			09 15 7 2007
City	State	Zip Code	Transaction ID: 20070917-47
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3949.97	]
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			09 30 7 2007
City	State	Zip Code	Transaction ID: 20070928_48_15_2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		3949.97	
			624.99

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 206 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	nd Statements may not be sold or used by any personal the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Michael Tuffin  Mailing Address 601 Pennsylvania A South Bldg, Ste 500		Date of Receipt  10 15 2007
City Washington FEC ID number of contributing	State Zip Code  DC 20004-2601	Transaction ID: 20071011-47  Amount of Each Receipt this Period  208.33
Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  3949.97	
Full Name (Last, First, Middle Initial) Michael Tuffin  Mailing Address 601 Pennsylvania A South Bldg, Ste 500  City  Washington  FEC ID number of contributing	State Zip Code DC 20004-2601	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   3949.97	208.33
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania		Date of Receipt
South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20071114-49  Amount of Each Receipt this Period  208.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   3949.97	
SUBTOTAL of Receipts This Page (optional	l)	624.99

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, o	ther than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid Michael Tuffin Mailing Address 601 Pe	dle Initial) ennsylvania Ave NW Bldg, Ste 500	<u>'</u>	Date of Receipt  1 1 3 0 2 0 0 7
City	State	Zip Code	Transaction ID: 20071201-49
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	AHIPST		
Full Name (Last, First, Mid Michael Tuffin Mailing Address 601 Pe	dle Initial) ennsylvania Ave NW		Date of Receipt
	Bldg, Ste 500		12 15 2007
City	State	Zip Code	Transaction ID: 20071214-49
Washington  FEC ID number of contributed rederal political committee.	uting DC	20004-2601	Amount of Each Receipt this Period  208.33
Name of Employer America's Health Insuranc Plans	e Occupati		
Receipt For:	Aggrega	te Year-to-Date ▼ 3949.97	
Full Name (Last, First, Mid Michael Tuffin	dle Initial)		Date of Receipt
South	ennsylvania Ave NW Bldg, Ste 500		12 31 7 907
City Washington	State DC	Zip Code	Transaction ID: 280128-47
FEC ID number of contributed rederal political committee.	uting	20004-2601	Amount of Each Receipt this Period  208.33
Name of Employer America's Health Insuranc Plans	e Occupati		
Receipt For:	Aggrega	te Year-to-Date ▼ 3949.97	
CURTOTAL of Descripto This	s Page (optional)		624.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Rod Turner  Mailing Address 601 Pennsylvania Av	o NIM	Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e ivvv	07 13 7 2007
City	State Zip Code	Transaction ID: 20070715-49
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For:	Occupation AHIPStaff	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1624.98	
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	07 31 7 2007
City	State Zip Code	Transaction ID: 20070726-49
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1624.98	
Full Name (Last, First, Middle Initial)		D. (D. )
Mailing Address 601 Pennsylvania Av South Bldg, Ste 500	e NW	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 20070815-48
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1624.98	
SUBTOTAL of Receipts This Page (optional)		249.99
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 206 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PAG	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Rod Turner  Mailing Address 601 Pennsylvania Ave	a NW	Date of Receipt
South Bldg, Ste 500		08 31 2007
City	State Zip Code	Transaction ID: 20070829-49
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 1624.98	1
Other (specify) ▼	1024.90	
Full Name (Last, First, Middle Initial)  Rod Turner		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		09 / 15 / 2007
City	State Zip Code	Transaction ID: 20070917-48
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 1624.98	1
Other (specify)	1024.90	
Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		09 / 30 / 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070928_49_15_22  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004-2001	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1624.98	
SUBTOTAL of Receipts This Page (optional) .	1	125.01
TOTAL This Period (last page this line number	·	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 206 (check only one)    X   11a
or for comm	ercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	F COMMITTEE (In Full) as Health Insurance Plans PAC	(AHIP PAC	0)	
Rod Turn				Date of Receipt
Mailing A	ddress 601 Pennsylvania Ave South Bldg, Ste 500	NW		10 15 2007
City		State	Zip Code	Transaction ID: 20071011-48
	igton number of contributing political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
	Employer s Health Insurance	Occupatio AHIPSta		
Receipt F	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 1624.98	
Rod Turn				Date of Receipt
Mailing A	ddress 601 Pennsylvania Ave South Bldg, Ste 500	NW		10 31 2007
City	aton	State DC	Zip Code	Transaction ID: 20071102-50
	number of contributing olitical committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
Name of America' Plans	Employer s Health Insurance	Occupation AHIPSta		
Receipt F	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 1624.98	
Full Nam Rod Turn	e (Last, First, Middle Initial) er			Date of Receipt
Mailing A	ddress 601 Pennsylvania Ave South Bldg, Ste 500	NW		1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	aton	State DC	Zip Code	<b>Transaction ID:</b> 20071114-50
	number of contributing olitical committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
Name of America' Plans	Employer s Health Insurance	Occupation AHIPSta		
Receipt F	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 1624.98	
SUBTOTA	L of Receipts This Page (optional)			125.01

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 206 (check only one)    X
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In F  Americas Health Insurance)	than using the name and adull)	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle   Rod Turner  Mailing Address 601 Penns South Blde	ylvania Ave NW		Date of Receipt  1 1 3 0 2 0 0 7
City	State	Zip Code	Transaction ID: 20071201-50
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary Genera Other (specify)			
	ylvania Ave NW		Date of Receipt
South Bldg	<u>j, Ste 500</u> State	Zip Code	Transaction ID: 20071214-50
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1624.98	
Full Name (Last, First, Middle Rod Turner	nitial)		Date of Receipt
South Bldg			12 / 31 / 2007
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280128-48  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004 2001	41.67
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:  Primary General Other (specify) ▼		e Year-to-Date ▼ 1624.98	
SUBTOTAL of Receipts This Pa	ge (optional)		125.01
TOTAL This Period (last page th	s line number only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 206 (check only one)    X
A	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PA	C (AHIP PAC	C)	
Α.	Full Name (Last, First, Middle Initial)  I. Steven Udvarhelyi  Mailing Address - 1004 Market Ot			Date of Receipt
	Mailing Address 1901 Market St  City	State	Zip Code	1 0 1 5 2 0 0 7 Transaction ID: 32550c4655722d19227
	Philadelphia	PA	19103-1475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Independence Blue Cross	Occupation CMO	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ В.	Full Name (Last, First, Middle Initial) Mark Van Koevering	<u> </u>		Date of Receipt
	Mailing Address 107 Chocolay Downs	Golf Dr		07 13 2007
	City	State	Zip Code	Transaction ID: 20070715-50
	Marquette	MI	49855-9542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General  Other (specify) ▼		1080.00	
с. С.	Full Name (Last, First, Middle Initial) Mark Van Koevering	-1		Date of Receipt
	Mailing Address 107 Chocolay Downs	Golf Dr		07 31 2007
	City	State	Zip Code	Transaction ID: 20070726-50
	Marquette  FEC ID number of contributing federal political committee.	C	49855-9542	Amount of Each Receipt this Period 45.00
	Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1080.00	
	SUBTOTAL of Receipts This Page (optional)		<b>1</b>	340.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 161 / 206   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial)  Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Dow South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20070815-49  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering	<b>I</b>		Date of Receipt
Mailing Address 107 Chocolay Dow South Bldg, Ste 500			08 31 7 2007
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20070829-50
FEC ID number of contributing federal political committee.	C	49033-9342	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance	Occupation AHIPState		
Plans Receipt For:  Primary General  Other (specify) ▼	- <del>                                    </del>	Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Down South Bldg, Ste 500	ns Golf Dr 0		0 9 1 5 / Y Y Y Y Y Y
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20070917-49  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat	ff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	
SUBTOTAL of Receipts This Page (optional	- I		135.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Only Orle)
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 107 Chocolay Downs	Golf Dr	09 30 2007
City	State Zip Code	Transaction ID: 20070928_50_15_22
Marquette	MI 49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1080.00	0
Full Name (Last, First, Middle Initial) Mark Van Koevering	1	Date of Receipt
Mailing Address 107 Chocolay Downs South Bldg, Ste 500		10 15 7 2007
City	State Zip Code MI 49855-9542	Transaction ID: 20071011-49
Marquette  FEC ID number of contributing federal political committee.	MI 49855-9542	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1080.00	0
Full Name (Last, First, Middle Initial) Mark Van Koevering	1	Date of Receipt
Mailing Address 107 Chocolay Downs South Bldg, Ste 500		10 31 2007
City	State Zip Code	Transaction ID: 20071102-51
Marquette	MI 49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer America's Health Insurance <u>Plans</u>	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	0
		135.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>(A)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 163 / 206   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial)  Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Dov South Bldg, Ste 50			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20071114-51  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer America's Health Insurance Plans	Occupation AHIPState		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering	I		Date of Receipt
Mailing Address 107 Chocolay Dov South Bldg, Ste 50			1 1 3 0 Y Y Y Y Y
City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20071201-51
FEC ID number of contributing federal political committee.	C	49033-9342	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance	Occupation AHIPState		
Plans Receipt For:	- <del>  '</del>	Year-to-Date ▼	
Primary General Other (specify) ▼		1080.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Dov	vns Golf Dr		1 2 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: 20071214-51
Marquette	MI	49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStat	ff	
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	1080.00	
	nal)		135.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 206 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers ng the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 107 Chocolay Do South Bldg, Ste 5		12 31 2007
City <u>Marquette</u>	State Zip Code MI 49855-9542	Transaction ID: 280128-49
FEC ID number of contributing federal political committee.	C 49833-9342	Amount of Each Receipt this Period 45.00
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Daniel Vigil	- A NDA/	Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5		07 13 7 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070715-51
FEC ID number of contributing federal political committee.	C 2004-2001	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt
Mailing Address 601 Pennsylvania South Bldg, Ste 5	500	07 31 2007
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 20070726-51  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SURTOTAL of Receipts This Page (ontin	onal)	107.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 206 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	nd Statements may not be sold or used by any person the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Vigil  Mailing Address 601 Pennsylvania	Ave NW	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
South Bldg, Ste 50	State Zip Code	Transaction ID: 20070815-50
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date  750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania		Date of Receipt  0 8 3 1 2 0 0 7
South Bldg, Ste 50 City	State Zip Code	Transaction ID: 20070829-51
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	]
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 50		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070917-50  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		93.75

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 166 / 206   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	THO HAITE AND AGE	srood or any pointed dominities to	, constructions from each committee.
Americas Health Insurance Plans F	PAC (AHIP PAC	<del>;</del> )	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			09 / 30 / 4 9 9
City	State	Zip Code	Transaction ID: 20070928_51_15_2
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			10 15 2007
City	State	Zip Code	Transaction ID: 20071011-50
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPState		
Receipt For:	Aggregate	Year-to-Date	
Primary General Other (specify) ▼	0 0	750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			10 31 2007
City	State	Zip Code	Transaction ID: 20071102-52
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPSta		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		750.00	1
Other (specify)			
			93.75

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	nd Statements may not be sold or used by any personal the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Daniel Vigil  Mailing Address 601 Pennsylvania A South Bldg, Ste 500	Ave NW	Date of Receipt  1 1 1 2 0 0 7
City	State Zip Code	Transaction ID: 20071114-52
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff Aggregate Year-to-Date  750.00	]
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania A		Date of Receipt
South Bldg, Ste 500		11 30 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071201-52
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	]
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	)	12 15 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20071214-52
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	I)	93.75

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA  Full Name (Last, First, Middle Initial)  Daniel Vigil  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington	·	Date of Receipt    Date of Receipt   Transaction ID: 280128-50
Daniel Vigil  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City	State Zip Code	1 2 3 1 2 0 0 7 Transaction ID: 280128-50
-		
wasnington	DC 20004-2601	I Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Av	e NW	Date of Receipt  0 7 1 3 2 0 0 7
South Bldg, Ste 500 City	State Zip Code	Transaction ID: 20070715-52
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2374.94	
Full Name (Last, First, Middle Initial) Kelly Vogel		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500		07 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070726-52  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2374.94	
SUBTOTAL of Receipts This Page (optional)		72.91

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	nd Statements may not be sold or used by any perso g the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania South Bldg, Ste 50 City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   2374.94	
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania South Bldg, Ste 50		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004-2601	Transaction ID: 20070829-52  Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation AHIPStaff  Aggregate Year-to-Date ▼  2374.94	
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania	Ave NW	Date of Receipt
South Bldg, Ste 50 City Washington	0 State Zip Code DC 20004-2601	0 9 1 5 2 0 0 7  Transaction ID: 20070917-51  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   2374.94	
SUBTOTAL of Receipts This Page (option	al)	62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 206 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any pers e name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Kelly Vogel  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   2374.94	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20070928_52_15_22  Amount of Each Receipt this Period  20.83
Full Name (Last, First, Middle Initial) Kelly Vogel  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff Aggregate Year-to-Date  2374.94	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Duane Wright  Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State Zip Code DC 20004-2601  C  Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 20070715-54  Amount of Each Receipt this Period  62.50
SUBTOTAL of Receipts This Page (optional) .		2083.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 206 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans Pa	AC (AHIP PAC	)	
Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			07 31 7 2007
City	State	Zip Code	Transaction ID: 20070726-54
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		7
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	33.133.10	1500.00	]
Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070815-53
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]
Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500			08 31 7 2007
City	State	Zip Code	Transaction ID: 20070829-54
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaf		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	1 1	1500.00	
SUBTOTAL of Receipts This Page (optional)	)		187.50

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 206 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans P.	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW	09 15 2007
City	State Zip Code	Transaction ID: 20070917-53
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation	
Plans Receipt For:	AHIPStaff  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	]
Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500	ve NW	09 30 7 2007
City	State Zip Code	Transaction ID: 20070928_54_15_2
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation AHIPStaff	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	]
Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt
Mailing Address 601 Pennsylvania A South Bldg, Ste 500		10 15 7 2007
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 20071011-52
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation AHIPStaff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
	· · · · · · · · · · · · · · · · · · ·	187.50

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Duane Wright  Mailing Address 601 Pennsylvania South Bldg, Ste 5	Ave NW 00 State Zip Code	Date of Receipt    M M
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  62.50
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date   1500.00	
Full Name (Last, First, Middle Initial)  Duane Wright  Mailing Address 601 Pennsylvania South Bldg, Ste 5		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington  FEC ID number of contributing federal political committee.	State         Zip Code           DC         20004-2601	Transaction ID: 20071114-54  Amount of Each Receipt this Period  62.50
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation AHIPStaff  Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania		Date of Receipt
South Bldg, Ste 5 City Washington	00 State Zip Code DC 20004-2601	Transaction ID: 20071201-54  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance	Occupation AHIPStaff	62.50
Plans Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (option	nal)	187.50

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial)  Duane Wright  Mailing Address 601 Pennsylvania Ave NW  South Bldg, Ste 500  City  State Zip Code  Washington  DC 20004-2601  FEC ID number of contributing federal political committee.  All PStaff  Receipt For:  Primary General  Other (specify) ▼  Mailing Address 601 Pennsylvania Ave NW  South Bldg, Ste 500  City  State Zip Code  Primary General  Other (specify) ▼  Date of Receipt  Mailing Address 601 Pennsylvania Ave NW  South Bldg, Ste 500  City  State Zip Code  Washington  DC 20004-2601  FEC ID number of contributing federal political committee.  C 20004-2601  FULL Name (Last, First, Middle Initial)  Duane Wright  Mailing Address 601 Pennsylvania Ave NW  South Bldg, Ste 500  City  State Zip Code  Transaction ID: 280128-52  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 20004-2601  FEC ID number of contributing federal political committee.  C 20004-2601  FEC ID number of contributing federal political committee.  C 3 and T 2 0 0 7 Transaction ID: 280128-52  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 3 and T 2 0 0 7 Transaction ID: 280128-52  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 3 and T 2 0 0 7 Transaction ID: 280128-52  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 3 and T 2 0 0 7 Transaction ID: 280128-52  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 3 and T 2 0 0 7 Transaction ID: 280128-52  Amount of Each Receipt this Period  FEC ID number of contribu	SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 206 (check only one)  X 11a 11b 11c 12
NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  AHIPStaff Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500  City Washington  Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500  City Washington  FEC ID number of contributing federal political committee.  C 20004-2601  FEC ID number of contributing federal political committee.  C 20004-2601  FEC ID number of contributing federal political committee.  C 20004-2601  FEC ID number of contributing federal political committee.  C 20004-2601  FEC ID number of contributing federal political committee.  C 20004-2601  FUll Name (Last, First, Middle Initial) Diane of Employer America's Fiedlih insurance Plans Receipt For: Q Coupation AHIPStaff Aggregate Year-to-Date ▼ Q Date of Receipt	Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any pers	on for the purpose of soliciting contributions
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 206 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
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Purpose of Disbursement Wire Transfer Fee	1	001		10.00
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Bank of America			Date of Disburs	
Mailing Address 730 15th Street, NW Second Floor			12 / D	14
City Washington	State Zip Code DC 20005		Amount of Each	h Disbursement this Period
Purpose of Disbursement Wire Transfer Fee	]	001		10.00
Candidate Name		Category/ Type		
Office Sought: House Senate President	ement For: Primary General Other (specify)			
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Full Name (Last, First, Middle Initial) Bank of America			Date of Disburs	
Mailing Address 730 15th Street, NW Second Floor			12 / D	27
City Washington	State Zip Code DC 20005		Amount of Eacl	h Disbursement this Period
Purpose of Disbursement Wire Transfer Fee		001		10.00
Candidate Name		001 Category/ Type		
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SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		30.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 182 / 206
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAC (	AHIP PAC)			
Full Name (Last, First, Middle Initial) Citibank			Date of Disbursen	
Mailing Address 1101 Pennsylvania Av	e, NW		07  0 5	3
City Washington	State Zip Code DC 20004		Amount of Each D	isbursement this Period
Purpose of Disbursement Merchant Service Fees		001		53.25
Candidate Name		O01 Category/ Type		
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State: District:  Full Name (Last, First, Middle Initial)			- ·· · · · · ·	1000 05701005500701
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Candidate Name		Category/ Type		
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)	ı ype		
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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			FOR LII			R:			PA	AGE	183	/ 206	6
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AH	IIP PAC)										
Full Name (Last, First, Middle Initial) Citibank			Date of Disburs								
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Candidate Name		Category/ Type									
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$\rangle$	Americas Health Insurance Plans PAC (Al	HIP PAC)													
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Any Information copied from such Reports and Statements may not be sold or used by any present or the purpose of solicing contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial)  Citibank  Mailing Address 1101 Pennsylvania Ave, NW 11th Floor  City Washington DC 20004  Purpose of Disbursement Merchiant Service Fee Candidate Name  Office Sought: House Sanate Primary General Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Date of Disbursement AMEX fees  Candidate Name  Office Sought: House Senate Primary General Disbursement AMEX fees  Candidate Name  Office Sought: House Senate Primary General Disbursement AMEX fees  Candidate Name  Office Sought: House Senate Primary General Disbursement AMEX fees  Candidate Name  Office Sought: House Senate Primary General Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Other (specify) ▼  Transaction ID: 59194-318432033061 Date of Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Date of Disbursement this	ITEMIZED DISBURSEMENTS	for each category of the	1 <del>-</del> -		☐ 24 ☐ 25 ☐ 26
Amount of Each Disbursement this Period    State   President   President		Detailed Summary Page	ı <del></del>		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave, NW 11th Floor  City Washington  Office Sought:   House   President   Sanate   President   President   President   Sanate   President   President   Sanate   Pr					
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Citibank  Mailing Address 1101 Pennsylvania Ave, NW 11th Floor  City State Zip Code Washington DC 20004  Purpose of Disbursement Merchant Service Fee Candidate Name  Office Sought: House Senate Primary General President State: District:  District: District: Date of Disbursement Tors General Other (specify) ▼					
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor  City State Zip Code Washington DC 20004  Purpose of Disbursement Merchant Service Fee Candidate Name  Office Sought: House Senate Primary General President State: District:  District:   Mailing Address 1101 Pennsylvania Ave, NW 10 4 7 2 0 0 7 7  Amount of Each Disbursement this Period 10.25  Amount of Each Disbursement this Period 10.25					
Tith Floor  City Washington DC 20004  Purpose of Disbursement Merchant Service Fee Candidate Name  Office Sought: House Senate Primary Other (specify)  State  Tip Code DC 20004  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Other (specify)  State:  District:	Citibatik			M M / E	
Washington  Purpose of Disbursement  Merchant Service Fee  Candidate Name  Disbursement For:  Senate President President State:  District:  District:  District:  Discrepance Primary General Other (specify)  Table	11th Floor				
Purpose of Disbursement Merchant Service Fee Candidate Name  Office Sought:    House				Amount of Ea	ch Disbursement this Period
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:	Purpose of Disbursement	1000			10.25
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	EMIZED DISBURSEMENTS	for each category o Detailed Summary	Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26
	y Information copied from such Reports and State for commercial purposes, other than using the nar								
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)							
<u>/</u>	Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave	, NW				tion ID: 85 Disbursement	ent	673366 2 0 0 7	
	11th Floor City Washington	State Zip Code DC 20004	e		Amount	of Each Dis	sbursemer	nt this Pe	 eriod
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	Office Sought: House Senate President State: District:	sement For: Primary Ge Other (specify) ▼	neral	уре					
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	UBTOTAL of Disbursements This Page (optional			•			•	72.80	

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ITEMIZED DISBURSEMENT	Detailed Summary Page	X 21b 27	22 23 24 25 2 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	<u> </u>	a committee to so	Total South South South South Miles
Full Name (Last, First, Middle Initial) Citibank			Transaction ID: 58017-90177553892 Date of Disbursement
Mailing Address 1101 Pennsylva 11th Floor	nia Ave, NW		1 1 M / D 0 6 / Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period
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City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period
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State: District:			
Full Name (Last, First, Middle Initial) Citibank			Transaction ID: 58017-49930971860 Date of Disbursement
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Purpose of Disbursement Merchant Service Fee		001	4.30
Candidate Name		Category/ Type	
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President

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SCHEDULE B (FEC Form 3X)	Use separate schedule		NUMBER:	PAG	iE 189 / 206
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NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A	HIP PAC)				
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Mailing Address 1101 Pennsylvania Ave.	NW		12	1 1 / Y	<sup>y</sup> 2 0 0 7 <sup>y</sup>
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Candidate Name		Category/ Type			
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TOTAL This Period (last page this line number only)	•	928.59

Other (specify)

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ľ	Mailing Address	PO Box 40366 Suite 300							0 8		Ĺ	2		2	0 ŏ 7	7
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ľ	Mailing Address	PO Box 15703							1 <sup>M</sup> C	М	/	2 9	9 /	ž	0 ŏ 7	7 <sup>Y</sup>
	City Tallahassee			State -L	Zip Code 32317				Amo	unt c	of Ea	ch C	isburs	emen	t this F	Perio
F	Purpose of Disbu 2008 Primary Co		<u> </u>			Г	01							1	0.000	0
(	Candidate Name F. Boyd					С	ateg Typ	ory/								
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5	State: FL	District: 02		Other (Spe	suiy) ♥											
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A	e and address of any politica										
L	Full Name (Last, First, Middle Initial)				Trans	acti	on ID	: 061	175-9	819	2995 <sup>°</sup>	78666
۱.	Brady for Congress  Mailing Address PO Box 8277				Date 0 8	of Di		emer	nt / Y	ž	0 ŏ 7	Y
	City the Woodlands	State Zip Code TX 77387			Amou	ınt o	Each	n Disk	oursei	ment	this P	eriod
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3.	Full Name (Last, First, Middle Initial) Clarke for Congress  Mailing Address 111-36 200th Street				Date		sburs				1648 0 ŏ 7	13041 <sup>Y</sup>
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	Mailing Address 438 Lewis Avenue				0 <sup>M</sup> 8	М	<sup>D</sup> (	7	/ L	ž	0 ŏ 7	Y
	City Brooklyn	State Zip Code NY 11233			Amou	int o	Each	n Disk	ourse		this P	-
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		Detailed	Summary Page	21b 27	22 X 23 24 25 28 28c 29						
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NAME OF COM	MITTEE (In Full) Ith Insurance Plans										
•	First, Middle Initial) in Seats (DWS PA	C)			Transaction ID: 57257-771907985 Date of Disbursement						
Mailing Address	1071 Twin Brar	nch Lane			10 M / 29 / Y 2007						
City Weston		State FL	Zip Code 33326		Amount of Each Disbursement this Pe						
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Candidate Name	·			Category/ Type							
Office Sought:	House Senate President	Disbursement For: Primary X Other (sp	2007 General ecify)								
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Mailing Address	25 East Main S	treet Suite 200			099 / 21 / 2007						
City Richmond		State VA	Zip Code 23219		Amount of Each Disbursement this Pe						
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Mailing Address	25 East Main S	treet Suite 200			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al	e and address of any political comm	
$\mathbb{L}$	Americas nealth insurance Flans FAC (Ai	TIF FAG)	
Δ.	Full Name (Last, First, Middle Initial) Friends of Gordon Smith  Mailing Address 228 S Washington Suite	115	Transaction ID: 50174-2943536639213 Date of Disbursement    M
	City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
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	Gordon Smith  Office Sought: House X Senate President  State: OR District:	ement For: 2008 Primary X General Other (specify)	уре
— 3.	Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller  Mailing Address PO Box 1909		Transaction ID: 56964-6682702898979 Date of Disbursement  M 0 M / D 2 9 / Y 2 0 0 7
	City Charleston Purpose of Disbursement 2008 Primary Contribution	State Zip Code WV 25327	Amount of Each Disbursement this Period 2000.00
	Candidate Name John Rockefeller	Cat	egory/ /pe
		ement For: 2008 Primary General Other (specify)	
D.	Full Name (Last, First, Middle Initial) Friends of John Barrasso		Transaction ID: 12230-6179620623588 Date of Disbursement
	Mailing Address 6896 Casper Mountain F	load	09 0 0 7
	City Casper	State Zip Code WY 82601	Amount of Each Disbursement this Period
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	Candidate Name John Barrasso	I	egory/ /pe
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SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s) (che	R LINE NUMBER: PAGE 194 / 206 ock only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 26 27 28a 28b 28c 29 30
Any Information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A	AHIP PAC)	
Full Name (Last, First, Middle Initial) Friends of Roy Blunt		Transaction ID: 57257-0060235857963 Date of Disbursement
Mailing Address PO Box 50100		10  29 / 2007
City Springfield	State Zip Code MO 65805	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Primary Contribution	011	1500.00
Candidate Name Roy Blunt	Categor Type	ry/
Senate President	sement For: 2008  X Primary General  Other (specify)	
State: MO District: 07  Full Name (Last, First, Middle Initial)		Transaction ID: 50174-4081079363822
Glacier Pac		Date of Disbursement  12 05 2007
Mailing Address 236 Massachusetts Av Suite 603		
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period
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Senate President	sement For: 2007 Primary General  X Other (specify) ▼ bution	
Full Name (Last, First, Middle Initial) Hawkeye Pac, the	bullon	Transaction ID: 50174-0585901141166 Date of Disbursement
Mailing Address PO Box 7255		12 M / D 0 5 / Y 2 0 0 7 Y
City Des Moines	State Zip Code IA 50309	Amount of Each Disbursement this Period
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Senate President	sement For: 2007 Primary General  X Other (specify)	
State: District: Contr	bution	9000.00

Transaction ID: 50174-1252287859 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME oF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Heather Wilson for Senate  Mailing Address PO Box 14070  City State Zip Code NM 87191  Purpose of Disbursement 2009 Primary Contribution Grandidate Name Heather Wilson Office Sought: House President Disbursement For: 2008 Washington District: Office Sought: President Senate Disbursement For: 200003  Candidate Name Office Sought: House President Disbursement For: 200003  Candidate Name District: Contribution Candidate Name President Disbursement For: 200003  Candidate Name District: Contribution Candidate Name Clast, First, Middle Initial) Mailing Address PO Box 1071  City State Zip Code DC 20003  City Contribution Candidate Name District: Contribution Candidate Name Clast, First, Middle Initial) Mailing Address PO Box 1071  City State Zip Code DC 20007  City State Zip Code DC 20007  City Contribution Candidate Name Clast, First, Middle Initial) Mailing Address PO Box 1071  City State Zip Code Senate President District: Contribution Candidate Name Clast, First, Middle Initial) Mailing Address PO Box 1071  City State Zip Code Senate President District: Contribution City State Single Alice President District: District: District: Onlice Sought: President District: Onlice Sought: Presid	SCHEDULE B (FEC Form 3X)	Use separ	ate schedule(s)		OR LINE check only	NUMBER:		PAGE	195 / 206
Anount of Each Disbursement the President Suite 412 City Washington District:  Full Name (Last, First, Middle Initial) Heather Wilson for Senate  Mailing Address PO Box 14070  City State Name Heather Wilson District:  Full Name (Last, First, Middle Initial) Heather Wilson for Senate  Mailing Address PO Box 14070  City State Zip Code Albuquerque NM 87191 Purpose of Disbursement 2008 Primary Contribution Candidate Name Heather Wilson Office Sought:  Full Name (Last, First, Middle Initial) Help Elect America's Team (HEAT PAC)  Mailing Address 499 South Capitol Street Southwest Suite 412  City Washington DC 20003 Purpose of Disbursement 2007 Contribution Candidate Name Office Sought:  Full Name (Last, First, Middle Initial) House Senate President Southwest Suite 412  City Washington DC 20003 Purpose of Disbursement 2007 Contribution  Candidate Name Office Sought:  Full Name (Last, First, Middle Initial) Hoosier's for Hill  Mailing Address PO Box 1071  Transaction ID: 50174-1257287859 Date of Disbursement 112	ITEMIZED DISBURSEMENTS				] 21b [		- Ш		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Heather Wilson for Senate  Mailing Address PO Box 14070  City State Zip Code NM 87191  Purpose of Disbursement 2009 Primary Contribution  Candidate Name Heather Wilson  Office Sought: House X Senate President State: NM District:  Full Name (Last, First, Middle Initial) Help Elect America's Team (HEAT PAC)  Mailing Address 499 South Capitol Street Southwest Suite 412  City Washington DC 20003  Purpose of Disbursement Suite 412  City Senate President State: District:  Full Name (Last, First, Middle Initial) Hoosiers for Hill  Mailing Address PO Box 1071  City Senate President State Zip Code Seymour In Mailing Address PO Box 1071  City Senate President State Zip Code Seymour In Mailing Address PO Box 1071  City Seymour In Agraed Address PO Box 1071  City State Zip Code In Agraed Address PO Box 1071  City State District: Contribution Candidate Name President State District: Contribution Candidate Name President State District: Contribution Candidate Name President Name Pres									
Heather Wilson for Senate  Mailing Address PO Box 14070  City State Zip Code Albuquerque NM 87191  Purpose of Disbursement 2008 Primary Contribution  Candidate Name Heather Wilson  Office Sought:	NAME OF COMMITTEE (In Full)								
Mailing Address   PO Box 14070   State   Zip Code   Albuquerque   NM   87191   Amount of Each Disbursement this Peri   2500.00									1230649
Albuquerque	Mailing Address PO Box 14070					1 <sup>M</sup> 2 <sup>M</sup>	05	y ž c	0 0 7
2009 Primary Contribution Candidate Name Heather Wilson  Office Sought:						Amount o	f Each Disb		
Heather Wilson  Office Sought: House President   Name (Last, First, Middle Initial)   Name (Last, First, Middle Initial)	2008 Primary Contribution			_				250	00.00
State: NM District:  Full Name (Last, First, Middle Initial) Help Elect America's Team (HEAT PAC)  Mailing Address  499 South Capitol Street Southwest Suite 412  City Washington  Candidate Name  Office Sought:  District:  District:  District:  Full Name (Last, First, Middle Initial) House President  Disbursement Primary General  Disbursement For: Contribution  Full Name (Last, First, Middle Initial) Hoosiers for Hill  Mailing Address PO Box 1071  City State Senate Seymour IN 47274  Purpose of Disbursement 2008 Disbursement  Candidate Name  Disbursement For: Contribution  City Seymour IN 47274  Purpose of Disbursement 2008 Disbursement Cardidate Name Baron Hill  Office Sought:  V House Senate President  Disbursement For: Code IN 47274  Purpose of Disbursement Category/ Type  Disbursement Category/ Type  Amount of Each Disbursement this Perion  Amount of Each Disbursement Top:  2000.00  Amount of Each Disbursement Top:  2007 Y 2 0 0 7 Y 2 0 0 7 Y 2 0 0 0 7  Amount of Each Disbursement this Perion  Category/ Type  Office Sought:  Amount of Each Disbursement this Perion  Category/ Type  Office Sought:  Other (specify) ▼  Code Cardidate Name Baron Hill  Office Sought:  Other (specify) ▼  Other (specify) ▼	Heather Wilson		2000		· ,				
Full Name (Last, First, Middle Initial) Help Elect America's Team (HEAT PAC)  Mailing Address 499 South Capitol Street Southwest Suite 412 City Washington Purpose of Disbursement 2007 Contribution Candidate Name  Office Sought:  House President State:  District:  City Senate President  Mailing Address PO Box 1071  Transaction ID: 50174-1257287859 Date of Disbursement  112	X Senate X President	Primary	General						
Suite 412  City Washington  Purpose of Disbursement 2007 Contribution  Candidate Name  Office Sought:    House	Full Name (Last, First, Middle Initial)								2878599
City Washington  Purpose of Disbursement 2007 Contribution  Candidate Name  Office Sought: House Primary General X Other (specify) ▼  Category/ Type  Disbursement For: 2007  Senate Primary General X Other (specify) ▼  Contribution  Transaction ID: 42373-9219781756  Date of Disbursement  Mailing Address PO Box 1071  City State Zip Code IN 47274  Purpose of Disbursement 2008 Primary Contribution  Candidate Name Baron Hill  Office Sought: House IN 47274  Purpose of Disbursement 2008 Primary Contribution  Candidate Name Baron Hill  Office Sought: X House Senate President  Disbursement For: 2008  X Primary General Category/ Type  Other (specify) ▼  Cother (specify) ▼  Cother (specify) ▼  Contribution  Candidate Name Baron Hill  Office Sought: X House Senate President  Other (specify) ▼  Cother (specify) ▼  Amount of Each Disbursement this Period Category/ Type  Cother (specify) ▼  Cother (specify) ▼		Southwest				1 <sup>M</sup> 2 M	05	y ž o	0 0 7
Purpose of Disbursement 2007 Contribution  Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼  Full Name (Last, First, Middle Initial) Hoosiers for Hill  Mailing Address PO Box 1071  City State Zip Code Seymour IN 47274  Purpose of Disbursement 2008 Primary Contribution  Candidate Name Baron Hill  Office Sought: X House Senate Primary General X Other (specify) ▼  Contribution  Transaction ID: 42373-9219781756 Date of Disbursement  Date of Disbursement  1000.00  Amount of Each Disbursement this Periode Category Type  Contribution  Candidate Name Baron Hill  Office Sought: X House Senate Primary General Other (specify) ▼  Cother (specify) ▼  Category Type	City					Amount o	f Each Disb	ursement t	this Perio
Office Sought: House Senate Primary General Y Other (specify) ▼ State: District: Contribution  Full Name (Last, First, Middle Initial) Hoosiers for Hill  Mailing Address PO Box 1071  City State Zip Code Seymour IN 47274  Purpose of Disbursement 2008 Primary Contribution  Candidate Name Baron Hill  Office Sought: X House Senate President  Disbursement For: 2008 X Primary General Other (specify) ▼  Other (specify) ▼  Contribution  Transaction ID: 42373-9219781756 Date of Disbursement  1 2 0 0 7	2007 Contribution			Cate	gory/			100	00.00
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City State Zip Code IN 47274  Purpose of Disbursement 2000.00  2008 Primary Contribution  Candidate Name Baron Hill  Office Sought: X House Senate President  Disbursement For: 2008  X Primary General Other (specify) ▼						Date of D	isbursemen	t	
Seymour IN 47274  Purpose of Disbursement 2008 Primary Contribution  Candidate Name Baron Hill  Office Sought: X House Senate President  President  IN 47274  2000.00  Category/ Type  Category/ Type  Other (specify)   Other (specify)	Mailing Address PO Box 1071					12	20	ž	0 0 7
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al	e and address of any politica											
	Full Name (Last, First, Middle Initial) Majority Initiative To Keep Electing Republic A.K.A Mike R Fund Mailing Address PO Box 2485	icans Fund				Date		sburs				6587 0 0 7	09526
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	Mailing Address PO Box 682185					0 8	IVI		o 7		2	0 Ď 7	'
	City Franklin	State Zip Code TN 37068				Amou	nt o	f Eacl	n Disl	burse	ment	this P	eriod
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (A	ne and address of any political committe	
	Full Name (Last, First, Middle Initial)	-,	Transaction ID: 56964-3599511981010
•	Mary Bono Committee  Mailing Address PO Box 3370		Date of Disbursement    M   M   D   D   D   Y   Y   Y   Y   Y   Y   Y
	City Palm Springs	State Zip Code CA 92263	Amount of Each Disbursement this Period
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	Mary Bono	Category Type ement For: 2008	
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 3.	Full Name (Last, First, Middle Initial) Matheson for Congress		Transaction ID: 50174-1858484148979 Date of Disbursement
	Mailing Address PO Box 521048 Suite A		1 2 M / D D / Y 2 0 0 7 Y
	City Salt Lake City	State Zip Code UT 84152	Amount of Each Disbursement this Period  1000.00
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	Jim Matheson	Type ement For: 2008	·
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 C.	Full Name (Last, First, Middle Initial) Melissa Bean for Congress		Transaction ID: 57257-7103387713432 Date of Disbursement
	Mailing Address Post Office Box 3068		10 M / 29 / Y Y Y O O 7
	City Barrington	State Zip Code IL 60010	Amount of Each Disbursement this Period
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	reet NW Suite 800									
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President	Primary General Other (specify) ▼	71								
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Full Name (Last, First, Middle Initial) Pat Roberts for Senate			Transaction ID: 50174-9051477 Date of Disbursement							
Mailing Address PO Box 433			12 M / D D D / Y Y Y Y Y	7						
•	State Zip Code KS 67530		Amount of Each Disbursement this	Period						
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Ron Lewis for Congress								sburse		-		
Mailing Address PO Box 307						1 <sup>M</sup> 0	М	<sup>D</sup> 2	9 /	Υ	ž 0 ŏ	7 <sup>Y</sup>
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Texans for Senator John Cornyn Inc								sburse				
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Full Name (Last, First, Middle Initial) Together for Our Majority Political Action (OMPAC) Mailing Address PO Box 16488	Committee (T-		Transaction Date of Disk	n <b>ID</b> : 50174-86938112974 bursement
City Arlington	State Zip Code VA 22215		Amount of E	Each Disbursement this Perio
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Whitehouse for Senate			Date of Disk	
Mailing Address PO Box 40280			12	0 5 Y 2 0 0 7 Y
City Providence	State Zip Code RI 02940		Amount of E	Each Disbursement this Perio
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$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)				
	Full Name (Last, First, Middle Initial)  Gregory Daphnis  Mailing Address  601 Pennsylvania Av South Building, Suite			Transaction ID: 25307-88506716489 Date of Disbursement    M 8   M   /   D 7   /   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	<del>)</del> 792	
	City Washington Purpose of Disbursement Refund of 2006 & 2007 contributions Candidate Name	State Zip Code DC 20004-2601	010 Category/	Amount of Each Disbursement this Perio	id	
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